

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01638

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

## 1. PLACE OF DEATH:

County... Frederick  
 City or town... State Sanatorium, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Since 9/23/47  
 Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
 How long in hospital or institution? Since 9/23/47

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Cecil  
 City or town... Elkton  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. ....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war... ☒

## 3. (a) FULL NAME

Georgia Anna Armstrong

## 3. (b) Social Security Number

None

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widowed

## 6. (b) Name of husband or wife

6. (c) If alive, give age... years

## 7. Birth date of

deceased (mo., day, yr.)

September 21, 1890

## 8. AGE:

Years

57

Months

4

Days

11

if less than one day

hrs.

min.

## 9. Birthplace

Cecil County, Maryland

(Town, county, and state)

## 10. Usual occupation

Housewife

## 11. Industry or business

FATHER  
MOTHER

## 12. Name

Thomas Rice

## 13. Birthplace

Harrisburg, Pa.

## 14. Maiden name

Maggie Burgain

## 15. Birthplace

Maryland

## 16. Informant

Deceased

## Address

## 17.

Burial

(Burial, cremation, or removal, Which?)

## Date thereof

Feb. 4, 1948  
(month) (day) (year)

## Cemetery or crematory

Methodist Cem.

## Location

North East, Cecil Co. Md.

## 18. Funeral director

Joseph R. Grant

## Address

North East, Md.

## 19.

Feb. 2

19

48

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... February 1 19. 48 at 9:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

September 23 19. 47 to Feb. 1 19. 48and that I last saw him... alive on... 19. 48

Immediate cause of death

Pulmonary Tuberculosis

DURATION

28 Mos.

Due to

Due to

Other conditions Diabetes Mellitus28 Mos.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

P. G. BaconM. D. 2000XAddress State Sanatorium, Md. Date signed 2/2/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-154

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Line correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
FEB 4 1948  
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

01639

Reg. Dist. No. 132

## 1. PLACE OF DEATH:

County Fredrick  
 City or town Middletown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 25 yrs  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Fredrick  
 City or town Middletown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

D. VINCENT BEACHLEY

## 3. (b) Social Security Number

219-20-2250

4. Sex Male 5. Color or race white 6.(a) Single, married, widowed, or divorced married  
 6.(b) Name of husband or wife Alma Beachley  
 6.(c) If alive, give age 70 years  
 7. Birth date of deceased (mo., day, yr.) December 9, 1868  
 8. AGE: Years 79 Months 1 Days 28 hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Middletown Fredrick Co. Md.  
(Town, county, and state)10. Usual occupation Book-keeper

## 11. Industry or business

12. Name Ezra Beachley  
 13. Birthplace Middletown Md.  
 14. Maiden name Ezra Beachley  
 15. Birthplace Middletown Md.

16. Informant Alma Beachley  
 Address Middletown Md.

17. Buried Date thereof Feb 10, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Lutheran Cemetery  
 Location Middletown, Md.

18. Funeral director Blackhill & Co.  
 Address Middletown Md.

19. Feb 10 19 48 Main Blackhill  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 7, 1948, at 10:15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 4 19 48 to Feb 7 19 48  
 and that I last saw him alive on Feb 7 19 48

Immediate cause of death Cerebral Hemorrhage  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_  
 Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE E Harp M. D. or other \_\_\_\_\_  
 Address Middletown Date signed 2-9-48

D. VINCENT BURGLEY

Forwarded to you

RECEIVED  
MAR 2 1948  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 13

01640

## 1. PLACE OF DEATH:

County..... Frederick  
 City or town..... Libertytown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... Life  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State..... Maryland County..... Frederick  
 City or town..... Libertytown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

PEARL M. BEALL

## 3. (b) Social Security Number

4. Sex..... Female  
 5. Color or race..... White  
 6. (a) Single, married, widowed, or divorced..... Widowed  
 6. (b) Name of husband or wife..... Charles H. Beall  
 deceased  
 6. (c) If alive, give age..... years  
 7. Birth date of deceased (mo., day, yr.)..... Nov. 11, 1873  
 8. AGE: Years..... 74 Months..... 3 Days..... 14 If less than one day..... hrs. .... min.

9. Birthplace..... Frederick Co. Maryland  
 (Town, county, and state)  
 Housework  
 10. Usual occupation.....  
 11. Industry or business.....  
 12. Name..... Adam Taylor Etzler  
 Maryland  
 13. Birthplace..... Laura Blume  
 Maryland  
 14. Maiden name.....  
 15. Birthplace.....

16. Informant..... Mrs. G. Raymond Keller  
 Address..... Libertytown, Md.  
 Burial..... 2-27-48  
 Date thereof..... (month) (day) (year)  
 17. (Burial, cremation, or removal, which?)..... Fairmount  
 Cemetery or crematory.....  
 Location..... Libertytown, Frederick Co. Md.  
 18. Funeral director..... C. M. Waltz  
 Address..... Winfield, Md.

19. Date rec'd by registrar..... Feb. 26 1948  
 Registrar..... G. S. D. Crawford

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... Feb'y 25, 1948, at 3:00A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 2, 1948, to Feb. 25, 1948, and that I last saw her alive on Feb. 24, 1948.

Immediate cause of death..... Cerebral Hem.  
 DURATION..... 7 weeks.

Due to..... Complications  
 Due to.....

Other conditions.....  
 (Include pregnancy within 3 months of death)

Major findings of operations.....  
 Date of op.....

Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of.....  
 Where did injury occur?..... (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?).....  
 Means of injury..... Injured at work?

23. SIGNATURE..... M. H. Beall, M.D.  
 Address..... Libertytown Md.  
 Date signed..... 2/26/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 2 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

01641

Reg. Diat. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick-Rural R. F. D. #1  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

I. O. O. F. HomeHow long in hospital or institution? Since January 3, 1943

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Frederick-Rural R. F. D. #1  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. I. O. O. F. Home

(If rural, give LOCATION)

None

2.(a) If veteran, name war

## 3. (a) FULL NAME

HERMAN R. BUBERT

## 3. (b) Social Security Number

None

|                    |                              |  |
|--------------------|------------------------------|--|
| 4. Sex<br><u>M</u> | 5. Color or race<br><u>W</u> | 6. (a) Single, married, widowed, or divorced<br><u>S</u> |
|--------------------|------------------------------|--|

8. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 14, 1857

|         |           |          |           |                      |
|---------|-----------|----------|-----------|----------------------|
| 8. AGE: | Years     | Months   | Days      | If less than one day |
|         | <u>90</u> | <u>2</u> | <u>29</u> | hrs. min.            |

9. Birthplace Baltimore, Maryland  
(Town, county, and state)10. Usual occupation Retired

11. Industry or business

12. Name Herman G. Bubert13. Birthplace Germany14. Maiden name Catherine Dawmen15. Birthplace Germany16. Informant I. O. O. F. Home RecordsAddress R. F. D. #1, Frederick, Md.17. Burial Date thereof 2/16/48  
(Burial, cremation, or other disposition) (month) (day) (year)Cemetery or crematory Baltimore CemeteryLocation Baltimore, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 16 Feb 1948 Elizabeth S. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 13, 1948 at 1:10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan - 1 1948 to Feb 13 1948  
 and that I last saw him alive on Feb 12 1948  
 Immediate cause of death Chronic myocarditis  
5 years

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE M. D.Address Frederick, Maryland Date signed 2-13-48

RECEIVED

FEB 18 1948

BUREAU V. S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1310

## CERTIFICATE OF DEATH

Reg. Dist. No. 140

01642

1. PLACE OF DEATH: Frederick  
 County.....Troutville Nr Woodsboro.....  
 City or town.....  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?.....17 yrs.....  
 Hospital, institution, or street address where death occurred:  
 .....  
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State.....Md.....County.....Frederick.....  
 City or town.....Troutville Nr Woodsboro.....  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....Spanish.....American.....

## 3.(a) FULL NAME

Bailey Burns.

## 3.(b) Social Security Number

10

4. Sex.....M.....5. Color or race.....White.....6.(a) Single, married, widowed, or divorced.....Married.....  
 6.(b) Name of husband or wife.....Ella Coplen Burns.....  
 7. Birth date of deceased (mo., day, yr.).....Jan 1st. 1877.....6.(c) If alive, give age.....64.....years.....  
 8. AGE: Years.....71.....Months.....I.....Days.....28.....hrs.....min.....

9. Birthplace.....Clarksburg W. Va.....  
 (Town, county, and state)  
 10. Usual occupation.....Retired.....  
 11. Industry or business.....Foreman Coal Mine.....  
 12. Name.....Unknown.....  
 13. Birthplace.....Unknown.....  
 14. Maiden name.....Unknown.....  
 15. Birthplace.....

16. Informant.....Mrs Ella Burns.....  
 Address.....Woodsboro. MD.....  
 Burial.....Mch. 3. 1948.....  
 17. (Burial, cremation, or removal. Which?).....Date thereof.....  
 (month) (day) (year)  
 Cemetery or crematory.....Mt. Hope Cem. Woodsboro. MD.....  
 Location.....M. L. Creager & Son.  
 18. Funeral director.....Thurmont. MD.....  
 Address.....

19. 3/2 1948 L.L. Burns Registrar  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....Feb 29 1948 at 6:30 A.M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1938 to Feb 29 1948 and that I last saw him alive on Feb 28 1948  
 Immediate cause of death.....

Hypertension Cardio Vascular  
 Renal disease

Due to.....  
 Due to.....  
 Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....  
 Date of op.....

Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide.....Date of.....  
 Where did injury occur?.....(City or town).....(County).....(State).....  
 Injured at home, farm, industry, public place (where?).....  
 Means of injury.....Injured at work?.....

23. SIGNATURE.....S. P. E. Taylor Day M.D. or other  
 Address.....Dolkesville, Md.....Date signed.....March.....



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

01643

Reg. Diat. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? from 12/26/47 to 2/11/48

## 3. (a) FULL NAME

Miss Charlotte L. Carpenter

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Unknown

8. AGE: Years Months Days If less than one day

62 yrs. min.

9. Birthplace

New York  
(Town, county, and state)

10. Usual occupation

Child Nurse

11. Industry or business

12. Name

John Carpenter

13. Birthplace

Unknown

14. Maiden name

Unknown

15. Birthplace

Unknown

16. Informant

Daniel E. Wight

Address

Near Urbana, Maryland

17. (Manner, cremation, or removal, which?)

Cremation

Date thereof

2/12/48  
(month) (day) (year)

Cemetery or crematory

Fort Lincoln Crematory

Location

Washington, D. C.

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland19. 12 Feb 1948Elizabeth B. Heck

(Date rec'd by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Adamstown-Rural  
(If outside city or town limits, write RURAL and give nearest town)Street No. Near Urbana  
(If rural, give LOCATION)2. (a) If veteran, name war None

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 11 1948, at 4:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 26 1947, to Feb. 11 1948and that I last saw her alive on Feb. 11 1948

Immediate cause of death

Peritonitis - acute

DURATION

2 daysDue to Perforation of Cecum & Sigmoid

DURATION

2 daysDue to Cecum & Sigmoid

DURATION

6 mo. +

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Cecum & Sigmoid2 internal adhesionsDate of op. Dec. - 30 - 47

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Frank D. Worthington M. D.Address Frederick, MarylandDate signed 2-12-48

RECEIVED  
FEB 16 1948  
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

01644

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick-Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

New Design Road

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 224 South Carroll Street

(If rural, give LOCATION)

World War II

2.(a) If veteran, name war

## 3. (a) FULL NAME

CLARENCE LEROY CUTSAIL

## 3. (b) Social Security Number

None

|                    |                              |  |
|--------------------|------------------------------|--|
| 4. Sex<br><u>M</u> | 5. Color or race<br><u>W</u> | 6. (a) Single, married, widowed, or divorced<br><u>S</u> |
|--------------------|------------------------------|--|

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) November 1, 1948

8. (c) If alive, give age years

|         |           |          |           |                      |
|---------|-----------|----------|-----------|----------------------|
| 8. AGE: | Years     | Months   | Days      | If less than one day |
|         | <u>30</u> | <u>3</u> | <u>25</u> | .....hrs. ....min.   |

9. Birthplace Nr. Buckeystown-Frederick-Maryland  
(Town, county, and state)10. Usual occupation Farm Laborer

## 11. Industry or business

12. Name Harvey S. Cutsail13. Birthplace Frederick County Maryland14. Maiden name Emma S. Beall15. Birthplace Frederick County Maryland16. Informant Harvey S. CutsailAddress 224 S. Carroll St., Frederick, Md.17. Burial Date thereof 2/28/48

(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 26 Feb 1948 Elizabeth Y. Hach

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 26, 1948 at 12:30A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 48 and that I last saw him live on February 26 19 48Immediate cause of death asphyxiation due to carbon monoxide poisoningDue to asphyxiation due to carbon monoxide poisoning

## DURATION

1 hr.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide suicide Date of 2/28/48Where did injury occur? New Design Road (City or town) (County) (State)Injured at home, farm, industry, public place (where?) New Design Road

Means of injury Injured at work?

Signature Dr. E. E. E. Deputy Medical ExaminerAddress Frederick, Maryland M. D. or otherDate signed 2-26-48

RECEIVED

MAR 1 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

157g

01645

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 5 days  
 Hospital, institution, or street address where death occurred:  
Frederick Memorial Hospital  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Carrall  
 City or town Pleasanton  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Baby Boy Heberry

## 3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife None

7. Birth date of deceased (mo., day, yr.) 2-7-1948 6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 0 Months 0 Days 5 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Frederick Memorial Hos  
 (Town, county, and state)  
Frederick, Frederick, Md.

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Unknown Legally

13. Birthplace \_\_\_\_\_

14. Maiden name Lucretia Deberry15. Birthplace Pleasanton, Md16. Informant motherAddress Pleasanton, Md

17. Burial Date thereof 2-13-1948  
 (Burial, cremation or removal of remains) (month) (day) (year)

Cemetery or crematory Mt. Olivet CemeteryLocation Frederick - Maryland18. Funeral director C. E. Clive & SonAddress Frederick - Md.

19. 13 Feb 19 48 Elizabeth L. Hech  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 12 February 19 48 at 3:30 P M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7 February 19 48 to 12 February 19 48  
 and that I last saw him alive on 12 February 19 48

Immediate cause of death Pneumonia, terminal DURATION 24 hours

Due to Inanition 4 days

Due to Esophageal congenital  
Esophageal atresia + bronch  
esophageal fistula

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Manner of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE James E. Stoner, Jr MD M. D. or otherAddress Waldersville, Md Date signed 12 Feb 48

RECEIVED

FEB 14 1948

BUREAU



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully and correctly. It is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

157d

01646

## CERTIFICATE OF DEATH

Reg. Dist. No. 144

## 1. PLACE OF DEATH:

County FrederickCity or town Thurmont  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? day

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Thurmont  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_

(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Morris H. Dewese

## 3. (b) Social Security Number

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Single

## 6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) February 9, 1948

6. (c) If alive, give age \_\_\_\_\_ years

## 8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace Thurmont-Frederick Co. Md.  
(Town, county, and state)

## 10. Usual occupation

## 11. Industry or business

MOTHER FATHER

12. Name Mearl M. Dewese13. Birthplace Thurmont, Md.14. Maiden name Lana L. Morningside15. Birthplace Thurmont, Md.16. Informant Mearl M. DeweseAddress Thurmont, Md.17. Burial Date thereof Feb. 11, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory United BrethrenLocation Thurmont, Md.18. Funeral director M. L. Greager & SonAddress Thurmont, Md.19. Feb. 11 1948  
(Date rec'd by registrar)Blanche S. Eyles  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 10 1948, at 3 p.m.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 9 1948 to Feb. 10 1948and that I last saw him alive on Feb. 10 1948

Immediate cause of death

Encephalocele - Congenital

DURATION

2 days

Due to

Due to

Other conditions none

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Manner of injury

Injured at work? \_\_\_\_\_

23. SIGNATURE

James J. Gray  
Address Thurmont, Md.

M. D. or other

Date signed 2/11/48

RECEIVED

FEB 14 1948

ST. LOUIS, MO

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

01647

Reg. Dist. No. 139

## 1. PLACE OF DEATH:

County Frederick  
 City or town State Sanatorium, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Since 2/3/48  
 Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
 How long in hospital or institution? Since 2/3/48

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County \_\_\_\_\_  
 City or town Baltimore  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 1104 Bonaparte Ave.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Harold Dickey

## 3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widower

6.(b) Name of husband or wife \_\_\_\_\_

7. Birth date of deceased (mo., day, yr.) June 12, 1883 6.(c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 64 Months 7 Days 24 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Baltimore, Maryland  
 (Town, county, and state)

10. Usual occupation Salesman

11. Industry or business \_\_\_\_\_

12. Name Harold R. Dickey13. Birthplace Baltimore, Maryland14. Maiden name Elizabeth Funk15. Birthplace Baltimore, Maryland16. Informant Mrs. Walter Adams (step-daughter)Address Cambridge Arms Apts., Balto., Md.17. Burial Date thereof Feb 9, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Woodlawn Cem.Location Baltimore, Md.18. Funeral director M. L. Cresson & Son.Address Thurmont, Md.

Feb. 5 48

19. (Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 5 1948 at 8:10A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 3 1948, to Feb. 5 1948and that I last saw him alive on February 5 1948

Immediate cause of death Pulmonary Tuberculosis DURATION 18 Mos.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE R. L. Bacon M. D. XXXXAddress State Sanatorium, Md. Date signed 2/5/48

MARGIN RESERVED FOR BINDING

VS. A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness of the information is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
FEB 6 1948  
BUREAU V C

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

83a

01648

131

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 25 Years  
 Hospital, institution, or street address where death occurred:  
22 South Bentz Street  
 How long in hospital or institution? .....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 22 South Bentz Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3. (a) FULL NAME

ALBERT VICTOR DIXON

## 3. (b) Social Security Number

4. Sex M 5. Color or race C 6. (a) Single, married, widowed, or divorced  
 6.(b) Name of husband or wife Minnie Leakins  
 6.(c) If alive, give age 67 years  
 7. Birth date of deceased (mo., day, yr.) October 10, 1877  
 8. AGE: Years 70 Months 4 Days 4 It less than one day  
 hrs. min.

8. Birthplace Nr. Jefferson-Frederick-Maryland  
 (Town, county, and state)

10. Usual occupation Funeral Director and

11. Industry or business Laborer

12. Name Samuel Dixon

13. Birthplace Frederick County Maryland

14. Maiden name Charlotte Virginia Parker

15. Birthplace Frederick County Maryland

18. Informant Mrs. Minnie Dixon

Address 22 S. Bentz St., Frederick, Md.

17. Burial Date thereof 2/17/48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Fairview Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 16 Feb 1948 Elizabeth G. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 14, 1948 at 7:15P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

2-12- 1948 to 2-14- 1948

and that I last saw him alive on 2-14- 1948

Immediate cause of death .....

Due to Cerebral hemorrhage

Due to hypertension

Due to arteriosclerosis

Other conditions .....

(Include pregnancy within 8 months of death)

Major findings of operations .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury .....

Injured at work? .....

23. SIGNATURE U. G. Bourne, Jr. M. D.

Address Frederick, Maryland

Date signed 2-16-48

RECEIVED

FEB 18 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

01649

468 X

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital3 Weeks

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Frederick-Rural R. F. D. #3  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Near Hansonville

(If rural, give LOCATION)

None

2.(d) If veteran, name war

## 3. (a) FULL NAME

CATHERINE REBECCA DRONEBURG

## 3. (b) Social Security Number

None

|                    |                              |  |
|--------------------|------------------------------|--|
| 4. Sex<br><u>F</u> | 5. Color or race<br><u>W</u> | 6. (a) Single, married, widowed, or divorced<br><u>M</u> |
|--------------------|------------------------------|--|

6. (b) Name of husband or wife Claude T. Droneburg6. (c) If alive, give age 62 years7. Birth date of deceased (mo., day, yr.) April 30, 1886

|                            |                    |                   |  |
|----------------------------|--------------------|-------------------|--|
| 8. AGE: Years<br><u>61</u> | Months<br><u>9</u> | Days<br><u>11</u> | If less than one day<br>.....hrs. ....min. |
|----------------------------|--------------------|-------------------|--|

9. Birthplace Nr. New Market-Frederick-Maryland  
(Town, county, and state)10. Usual occupation At Home

## 11. Industry or business

FATHER 12. Name William C. Bell  
 13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Theresa Eaves  
 15. Birthplace Frederick County Maryland

16. Informant Claude T. Droneburg  
 Address R. F. D. #3, Frederick, Md.

17. Burial Date thereof 2/14/48  
 (Burial, cremation, or removal of body) (month) (day) (year)

Cemetery or crematory Mount Olivet CemeteryLocation Near Frederick, Maryland

18. Funeral director M. R. Etchison and Son  
 Address Frederick, Maryland

19. Feb 1948 Elizabeth H. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 11, 1948 at 7:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that it attended deceased from

January 20, 1948 to February 11, 1948  
 and that I last saw him alive on July 10, 1948

Immediate cause of death

DURATION

Due to Carcinoma of the

Due to

Other conditions Carcinoma of the

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. R. Etchison M. D.Address Frederick, Maryland Date signed 2-12-48

RECEIVED

FEB 14 1948

RECEIVED



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

01650

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 Years

Hospital, institution, or street address where death occurred:

715 Motter Avenue

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)Street No. 715 Motter Avenue

(If rural, give LOCATION)

None

2.(a) If veteran, name war

## 3. (a) FULL NAME

HARRY NELSON EASTON, SR.

## 3. (b) Social Security Number

220-09-7733

|                    |                              |  |
|--------------------|------------------------------|--|
| 4. Sex<br><u>M</u> | 5. Color or race<br><u>W</u> | 6. (a) Single, married, widowed, or divorced<br><u>M</u> |
|--------------------|------------------------------|--|

6. (b) Name of husband or wife Effie E. Heater6. (c) If alive, give age 52 years7. Birth date of deceased (mo., day, yr.) August 2, 1879

|         |           |          |          |                      |
|---------|-----------|----------|----------|----------------------|
| 8. AGE: | Years     | Months   | Days     | If less than one day |
|         | <u>68</u> | <u>6</u> | <u>9</u> | .....hrs. ....min.   |

9. Birthplace Loudoun County Virginia  
 (Town, county, and state)10. Usual occupation Retired

11. Industry or business

12. Name James Easton13. Birthplace Loudoun County Virginia14. Maiden name Virginia Eaton15. Birthplace Loudoun County Virginia16. Informant Mrs. Effie EastonAddress 715 Motter Ave., Frederick, Md.17. Burial Date thereof 2/13/48  
 (Burial, cremation, or removal, whichever) (month) (day) (year)Cemetery or crematory Taylorstown CemeteryLocation Taylorstown, Virginia18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 13-Feb 1948 Elizabeth G. Hech  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 11, 1948 at 6:45A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1948 to 1948and that I last saw him Dead on Feb 11 1948Immediate cause of death Coronary occlusion

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

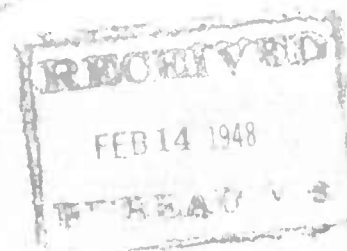
Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. W. Bae M. D. or otherAddress Frederick, Md. Date signed 2-11-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 01651 140

## 1. PLACE OF DEATH:

County... Frederick  
 City or town... Woodstock, Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?... 20 yrs  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 How long in hospital or institution?... -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Frederick  
 City or town... Woodstock, Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Clinton Edward Eaton

## 3. (b) Social Security Number

-

4. Sex... M 5. Color or race... W 6.(a) Single, married, widowed, or divorced... married  
 6.(b) Name of husband or wife... Rosie B. Ledwidge  
 6.(c) If alive, give age... 74 years  
 7. Birth date of deceased (mo., day, yr.)... Dec. 27, 1882  
 8. AGE: Years... 65 Months... 1 Days... 16 If less than one day... hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace... Frederick Co., Md.  
 (Town, county, and state)  
 10. Usual occupation... Farmer  
 11. Industry or business... -

FATHER 12. Name... Robert D. Eaton  
 13. Birthplace... Frederick Co.  
 MOTHER 14. Maiden name... Jane E. English  
 15. Birthplace... Frederick Co. Md.

16. Informant... Rosie B. Eaton  
 Address... Woodstock, Md.  
 17. Burial Date thereof... Feb. 16, 1948  
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory... Mt. Hope  
 Location... Woodstock, Md.  
 18. Funeral director... H. C. Barton  
 Address... Walkersville, Md.

19. 2/16 1948 L. E. Powell  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... Feb. 13, 1948, at 5:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Oct., 1943, to Feb. 13, 1948  
 and that I last saw him alive on Feb. 13, 1948

| Immediate cause of death                     | DURATION      |
|--|---------------|
| <u>Nephritis - Chronic</u>                   | <u>2 yrs</u>  |
| Due to _____                                 | _____         |
| Due to _____                                 | _____         |
| Other conditions <u>Diabetes - Chronic</u>   | <u>12 yrs</u> |
| (Include pregnancy within 3 months of death) |               |

Major findings of operations... \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results... \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide... \_\_\_\_\_ Date of... \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE... James H. Gray M.D. or other M.D.  
 Address... Thermont Md. Date signed Feb. 16-48

RECEIVED

MAR 4 1943

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

50 X

01652

Reg. Dist. No. 134

## 1. PLACE OF DEATH:

County Frederick  
 City or town Emmitsburg, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? About three months  
 Hospital, institution, or street address where death occurred:  
St. Joseph's Central House  
 How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State St. Jos. Cen. H. County Emmitsburg  
 City or town Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. ....  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war .....

## 3. (a) FULL NAME

Mary Frances (Sister Francis) Eckenrode

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Sister of Charity

6. (b) Name of husband or wife .....

7. Birth date of deceased (mo., day, yr.) March 8, 1887 6. (c) If alive, give age ..... years

8. AGE: Years 60 Months 11 Days 9 It less than one day ..... hrs. .... min.

9. Birthplace Gettysburg, Pennsylvania  
 (Town, county, and state)

10. Usual occupation Teaching

11. Industry or business .....

FATHER 12. Name Charles Edward Eckenrode  
 13. Birthplace Bonneauville, Penn.

MOTHER 14. Maiden name Mary Swinderman  
 15. Birthplace Westminster, Maryland

16. Informant Sister Rosa McGehee, Assistant  
 Address Emmitsburg, Maryland

17. Burial Date thereof February 21, '48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Joseph's Private Cemetery  
 Location Emmitsburg, Maryland

18. Funeral director L. L. Allison  
 Address Emmitsburg, Maryland

19. Feb 20 19 48 M. F. Shuff  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 18, 1948 at 5:25 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 47 to Feb 18, 48 and that I last saw him alive on Feb 17, 48

Immediate cause of death Carcinoma metastatic to brain, chest & spine DURATION 3 mo

Due to Carcinoma breast 2 yrs

Other conditions .....  
 (Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. ....

Autopsy results .....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide ..... Date of .....  
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE W. R. Cadle M.D. M. D. or other  
 Address Emmitsburg, Md Date signed 2-18-48

**RECEIVED**

FEB 26 1948

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Buckhays Town  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 8 moHospital, institution, or street address where death occurred:  
—How long in hospital or institution? —

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Buckhays Town  
(If outside city or town limits, write RURAL and give nearest town)Street No. —  
(If rural, give LOCATION)2.(a) If veteran, name war. —

## 3. (a) FULL NAME

Thomas Edward Faulk

## 3. (b) Social Security Number

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

single6. (b) Name of husband or wife —7. Birth date of deceased (mo., day, yr.) June 11, 19476. (c) If alive, give age — years8. AGE: Years 7 Months 22 Days —  
If less than one day — hrs. — min.9. Birthplace Maryland  
(Town, county, and state)10. Usual occupation —

## 11. Industry or business

FATHER 12. Name John Henry Odum  
13. Birthplace MarylandMOTHER 14. Maiden name Ella A. Faulk  
15. Birthplace Maryland16. Informant Ella A. Burice  
Address Buckhays Town Box 75 Md17. Burial, cremation, or removal (Which?) Burial Date thereof Feb 5, 1948  
(month) (day) (year)Cemetery or crematory Frederick  
Location Knorrville Md.18. Funeral director C. N. Guter, Jr  
Address Brownsville Md19. H Feb 19 48 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 3 19 48 at 7:40 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 40 to — 19 48  
and that I last saw him alive on Feb 3 19 48Immediate cause of death Myocardial infarction  
Arteriosclerosis, hypertensive

## DURATION

3 weeksDue to —Due to —Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations —Date of op. —Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

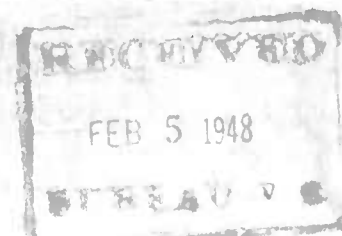
Accident, suicide, or homicide — Date of —Where did injury occur? — (City or town) (County) (State)Injured at home, farm, industry, public place (where?) —Means of injury — Injured at work? —23. SIGNATURE DR. J. H. BURICE M. D. or otherAddress Frederick Md Date signed 2-3-48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The form is especially important. Physicians: please write the causes of death clearly and legibly.





## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1318

## CERTIFICATE OF DEATH

Reg. Dist. No.

01654

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Since, 1933Hospital, institution, or street address where death occurred:  
416 North Bentz Street

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 416 North Bentz Street

(If rural, give LOCATION)

None

2.(a) If veteran, name war

## 3. (a) FULL NAME

CLEMENTINE LAVANIA FOGLE

## 3. (b) Social Security Number

None

|                    |                              |  |
|--------------------|------------------------------|--|
| 4. Sex<br><u>F</u> | 5. Color or race<br><u>W</u> | 6. (a) Single, married, widowed, or divorced<br><u>M</u> |
|--------------------|------------------------------|--|

6. (b) Name of husband or wife Horace Fogle6. (c) If alive, give age 59 years7. Birth date of deceased (mo., day, yr.) June 21, 1887

|         |           |          |          |                      |
|---------|-----------|----------|----------|----------------------|
| 8. AGE: | Years     | Months   | Days     | If less than one day |
|         | <u>60</u> | <u>8</u> | <u>8</u> | .....hrs. ....min.   |

9. Birthplace Nr. Braddock-Frederick-Maryland  
(Town, county, and state)10. Usual occupation at Home

11. Industry or business

12. Name John W. Layman13. Birthplace Frederick County Maryland14. Maiden name Catherine Elizabeth Poole15. Birthplace Frederick County Maryland16. Informant Horace FogleAddress 416 N. Bentz St., Frederick, Md.17. Burial Date thereof 3/2/48  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Frederick Memorial ParkLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 1-March 1948  
(Date rec'd by registrar)Elizabeth G. Heck  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 28, 1948, at 8:20P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 6 1947 to Feb. 28 1948and that I last saw him alive on Feb. 28 1948

Immediate cause of death

Uremia DURATION 4 daysDue to Chronic parenchymatous nephritis Long +Due to Chronic Myocarditis Long +

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

.....Date of op. ....

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

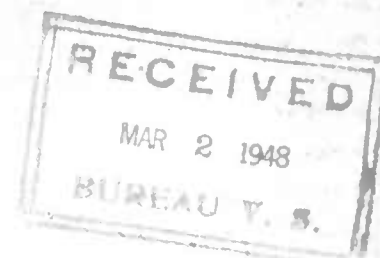
Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE R. O. Thomas M. D.Address Frederick, Maryland Date signed 3/1/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

159

01655

131

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County BaltimoreCity or town Baltimore  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred

Baltimore Memorial Hospital

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Bald.City or town Baltimore  
(If outside city or town limits, write RURAL and give nearest town)Street No. 20 E. 10th St  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Elizabeth Hardline Fowler

## 3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

S

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Feb 22 1948

6. (c) If alive, give age..... years

8. AGE:

0 Years0 Months0 Days

If less than one day

13 hrs.

min.

9. Birthplace

Baltimore, Maryland  
(Town, county, and state)

10. Usual occupation

Infant

11. Industry or business

MOTHER FATHER

12. Name

Charles H. Fowler

13. Birthplace

Baltimore, Maryland

14. Maiden name

Ruth E. Clark

15. Birthplace

Md

16. Informant

Charles H. Fowler

Address

Baltimore Md

17.

(Burial, cremation, or removal, which)

Date thereof

Feb 24 1948  
(month) (day) (year)

Cemetery or crematorium

Park Heights

Location

Baltimore Md

18. Funeral director

C. R. Zuto & Bros

Address

Baltimore Md

19.

(Date rec'd by registrar)

24 Feb 1948Elizabeth G. Hoch

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... Feb 23 1948 at 11:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 22 1948 to Feb 23 1948and that I last saw him alive on Feb 23 1948

Immediate cause of death

Pneumonia  
5 weeks

DURATION

Due to.....

Due to.....

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.....

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: if death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....  
(City or town) (County) (State)

Injured at home, farm, industry, publc place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE

Dr. B...

M. D. or other

Address..... Feb 23 Date signed 48

RECEIVED

FEB 26 1948

BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 01656 131

1. PLACE OF DEATH:  
County... Frederick  
City or town... Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Lifetime  
Hospital, institution, or street address where death occurred:  
6 Wisner Street  
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State... Maryland County... Frederick  
City or town... Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 6 Wisner Street  
(If rural, give LOCATION)  
2.(a) If veteran, name war... None

3. (a) FULL NAME  
RALPH CONARD FRY

3. (b) Social Security Number  
215-10-2524

4. Sex Male 5. Color or race White 6. (a) ~~Single, married, widowed, or divorced~~ Married

6. (b) Name of husband or wife Catherine E. Collier Fry  
6. (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) August 9, 1902

8. AGE: Years 45 Months 6 Days 14 If less than one day  
..... hrs. .... min.

9. Birthplace Brunswick, Frederick County, Md.  
(Town, county, and state)

10. Usual occupation Salesman

11. Industry or business Garber Baking Company

FATHER 12. Name Jacob H. Fry  
13. Birthplace Weaverton, Md.

MOTHER 14. Maiden name Viola B. Conard  
15. Birthplace Lovettsville, Virginia

16. Informant Mrs. Ralph C. Fry  
Address 6 Wisner St., Frederick, Md.

17. Burial Date thereof February 25, 1948  
(Burial, cremation, or removal, which?) (month) (day) (year)  
Cemetery or ~~cemetery~~ Mount Olivet Cemetery  
Frederick, Maryland  
Location

18. Funeral director C. E. Cline & Son  
Address Frederick, Maryland

19. 25 Feb 19 48 Elizabeth S. Heck  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH February 23rd 19 48 at 10:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1 Aug 19 46 to 23 February 19 48  
and that I last saw him alive on 22 February 19 48

Immediate cause of death heart crisis DURATION 2 months

Due to Intervening syphilis 10 years

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?

23. SIGNATURE James S. Stoner Jr MD  
Address Walherville Date signed 24 Feb 48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 27 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 138

01657  
139

1. PLACE OF DEATH: **Frederick**  
 County.....  
 City or town..... **State Sanatorium, Maryland**  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? **Since 4/15/47**  
 Hospital, institution, or street address where death occurred:  
**Maryland Tuberculosis Sanatorium**  
 How long in hospital or institution? **Since 4/15/47**

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)

State **Maryland** County.....  
 City or town..... **Baltimore**  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. **307 S. Sharp St.**  
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

**Leo Joseph Gibson**

3. (b) Social Security Number

**218-10-8120**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, married, widowed, or divorced **Separated**  
 6. (b) Name of husband or wife **Beulah I. Gibson**  
 7. Birth date of deceased (mo., day, yr.) **December 17, 1898** 6. (c) If alive, give age..... years  
 8. AGE: Years **49** Months **1** Days **24** It less than one day..... hrs. .... min.

9. Birthplace **Baltimore, Maryland**  
 (Town, county, and state)  
 10. Usual occupation **Chauffeur**  
 11. Industry or business.....  
 12. Name **James E. Gibson**  
 13. Birthplace **Baltimore, Maryland**  
 14. Maiden name **Jennie Imhuff (?)**  
 15. Birthplace **Baltimore, Maryland**  
 16. Informant **Deceased**

Address.....  
 17. **Burial** Date thereof **Feb. 14, 1948**  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory **Holy Cross Cem.**  
 Location **A.A. Co. Md.**  
 18. Funeral director **M. L. Creager & Son**  
 Address **1218 West St. Baltimore, Md.**  
 19. **Feb. 11** 19 **48**  
 (Date rec'd by registrar) Registrar **[Signature]**

## MEDICAL CERTIFICATION

20. DATE OF DEATH **February 10** 19 **48** at **2:20 P. M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
**April 15** 19 **47** to **Feb. 10** 19 **48**  
 and that I last saw him alive on **February 10** 19 **48**

Immediate cause of death **Pulmonary Tuberculosis** DURATION **14 Mos.**

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

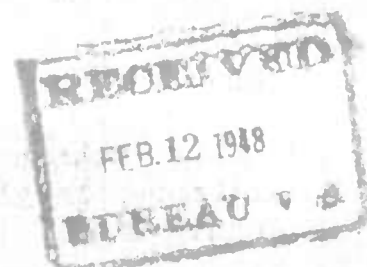
Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Manner of injury Injured at work?

23. SIGNATURE **R. W. Breen** M. D. **[Signature]**Address **State Sanatorium, Md.** Date signed **2/11/48**





VS A15 9-45-15W

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH  
2411 N. Charles St., Baltimore  
CERTIFICATE OF DEATH

01658

Reg. Dist. No. 13

1. PLACE OF DEATH:  
County... Frederick  
City or town... Rural Braddock  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State... Md. County... Frederick  
City or town... Rural Braddock  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.  
(If rural, give LOCATION)  
2. (a) If veteran, name war...

3. (a) FULL NAME  
Dessie Mae Gilbert

3. (b) Social Security Number  
none

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed  
6. (b) Name of husband or wife Newton Gilbert  
7. Birth date of deceased (mo., day, yr.) Sept. 3 1880 6. (c) If alive, give age... years

8. AGE: Years 67 Months 5 Days 5 If less than one day  
hrs. min.

9. Birthplace Middletown, Frederick Co., Md.  
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Martin Summers

13. Birthplace Middletown Md.

14. Maiden name Catherine Poffenberger

15. Birthplace Middletown, Md.

16. Informant Luther Gilbert

Address Braddock Md.

17. Burial Date thereof Feb. 11, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Church of Brethren Cemetery

Location Harmans Md.

18. Funeral director Blad Hill C.

Address Middletown, Md.

19. 11 Feb 1948 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 8 1948 at 145 M  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 7 1948 to Feb 8 1948  
and that I last saw her alive on Feb. 8 1948

Immediate cause of death Cerebral Hemorrhage DURATION 1.8 hrs

Due to Aortic Sclerosis 2 yrs +

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE B. O. Thomas M. D. or other

Address Frederick, Md Date signed 2/11/48

RECEIVED  
FEB 14 1948  
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

50 X

01659

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? 3 Hours

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Frederick-Rural R. F. D. #1  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Near Libertytown

(If rural, give LOCATION)

None

2. (a) If veteran, name war

## 3. (a) FULL NAME

HELEN ADA HAMILTON

## 3. (b) Social Security Number

None

|                    |                              |  |
|--------------------|------------------------------|--|
| 4. Sex<br><u>F</u> | 5. Color or race<br><u>W</u> | 6. (a) Single, married, widowed, or divorced<br><u>M</u> |
|--------------------|------------------------------|--|

6. (b) Name of husband or wife Gilmore O. Hamilton

7. Birth date of deceased (mo., day, yr.) July 13, 1908  
 6. (c) If alive, give age 43 years

|         |           |          |          |                      |
|---------|-----------|----------|----------|----------------------|
| 8. AGE: | Years     | Months   | Days     | If less than one day |
|         | <u>39</u> | <u>6</u> | <u>9</u> | hrs. min.            |

9. Birthplace Nr. Libertytown-Frederick-Md.  
 (Town, county, and state)

10. Usual occupation At Home

## 11. Industry or business

12. Name James C. Beard  
 13. Birthplace Frederick County Maryland

14. Maiden name Myrtle M. Crum  
 15. Birthplace Frederick County Maryland

16. Informant Gilmore O. Hamilton  
 Address R. F. D. #1, Frederick, Md.

17. Burial Date thereof 2/25/48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Union Chapel CemeteryLocation Near Libertytown, Maryland

18. Funeral director M. R. Etchison and Son  
 Address Frederick, Maryland

19. 24 Feb 1948  
 (Date rec'd by registrar) Elizabeth G. Hack Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 22, 1948, at 5:15A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 1947, to 22 February 1948  
 and that I last saw him FR alive on 21 February 1948

Immediate cause of death

Metastatic carcinoma  
to lungs  
 Due to carcinoma both breasts

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James E. Stoner Jr. MD M. D. or other  
Walherville Md. Date signed 23 Feb 48

RECEIVED

FEB 25 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

01660

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 40 Years  
 Hospital, institution, or street address where death occurred:  
317 East Patrick Street  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 317 East Patrick Street  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war None

## 3. (a) FULL NAME

JOHN WILLIAM HAMILTON

## 3. (b) Social Security Number

None

|  |                              |  |
|--|------------------------------|--|
| 4. Sex<br><u>M</u>   | 5. Color or race<br><u>W</u> | 6. (a) Single, married, widowed, or divorced<br><u>W</u> |
| 6. (b) Name of husband or wife<br><u>Katie V. S. Biser</u>                               |                              |  |
| 7. Birth date of deceased (mo., day, yr.)<br><u>September 13, 1869</u>                   |                              |  |
| 8. AGE: Years Months Days If less than one day<br><u>78</u> <u>5</u> <u>10</u> hrs. min. |                              |  |

8. Birthplace Frederick County Maryland  
 (Town, county, and state)

10. Usual occupation Retired

11. Industry or business

12. Name John H. Hamilton

13. Birthplace Frederick County Maryland

14. Maiden name Georgianna R. C. Lare

15. Birthplace Frederick County Maryland

16. Informant Mrs. Forrest Covell

Address 518 W. Patrick St., Frederick, Md

17. Burial Date thereof 2/25/48

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 23 Feb 1948 Elizabeth G. Hach

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 23, 1948 at 9 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 1948 to Feb. 23, 1948

and that I last saw him alive on Feb. 22 1948

Immediate cause of death

DURATION

Cardiac Valvular Lesion 10 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE U. S. Bourne Jr. M. D.

Address Frederick, Maryland M. D. or other

Date signed 2-23-48

**RECEIVED**

FEB 25 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

158

## CERTIFICATE OF DEATH

Reg. Dist. No.

016631

## 1. PLACE OF DEATH:

County Fredensburg  
 City or town Fredensburg Rural Route #1  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 12 days  
 Hospital, institution, or street address where death occurred:

Fredensburg Route #1

How long in hospital or institution? —

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Fredensburg  
 City or town Fredensburg Rural Route #1  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Route #1 Fredensburg  
 (If rural, give LOCATION)

2.(a) If veteran, name war name

## 3. (a) FULL NAME

Gabriel Reich Hartenberger

## 3. (b) Social Security Number

none

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

male white single

6. (b) Name of husband or wife —

7. Birth date of deceased (mo., day, yr.) Jan. 17, 1948

8. AGE: Years — Months — Days 24 If less than one day

9. Birthplace New Orleans - Louisiana  
 (Town, county, and state)

10. Usual occupation —

11. Industry or business —

12. Name St. Edward H. Hartenberger

13. Birthplace Texas

14. Maiden name Irene Mae Brown

15. Birthplace Dorsey, MD

16. Informant Irene Hartenberger

Address Fredensburg, MD Route #1

17. Burial Date thereof 2/13/48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Olm.

Location Fredensburg, MD

18. Funeral director Hart & Co. Co.

Address Fredensburg, MD.

19. 13 Feb 1948 Elizabeth G. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 11 1948 at 9 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

17 Feb 1948 to 19 Feb 1948

and that I last saw him live on 17 Feb 1948

Immediate cause of death Malnutrition

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations —

Date of op. —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

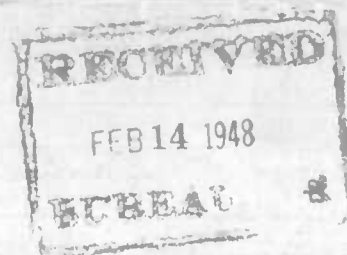
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE P. W. (Dr.) or other

Address Fredensburg, MD Date signed 2.12.48





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

01662

50

## 1. PLACE OF DEATH:

County FrederickCity or town Adamstown-Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Flint Hill

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty FrederickCity or town Adamstown-Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. Flint Hill

(If rural, give LOCATION)

None

2.(d) If veteran, name war

## 3. (a) FULL NAME

CORA AUGUSTA HILL

## 3. (b) Social Security Number

None

4. Sex

F

5. Color or race

C

6. (a) Single, married, widowed, or divorced

W

6. (b) Name of husband or wife

John W. Hill

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

December 8, 1879

8. AGE:

Years

Months

Days

If less than one day

68126

hrs.

min.

9. Birthplace Flint Hill-Frederick-Maryland

(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

Jacob Makel

12. Name

Frederick County Maryland

13. Birthplace

Alice Lyles

14. Maiden name

15. Birthplace

Frederick County Maryland16. Informant Keefer A. Hill

Address

R. F. D., Adamstown, Maryland17. Burial

Date thereof

2/7/48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Hope Hill Cemetery

Location

Near Urbana, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19.

H. Feb  
(Date rec'd by registrar)1948Elizabeth G. Etch.

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 4th, 1948 at 3:35A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 20 1948 to Feb 4 1948and that I last saw him alive on Jan 20 1948

Immediate cause of death

DURATION

Carcinoma of breast

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Frederick, Maryland

M. D. or other

Address Date signed 2-4-48

RECEIVED

FEB 5 1948

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

66b

01663

## CERTIFICATE OF DEATH

Reg. Diat. No. 141

## 1. PLACE OF DEATH:

County FredrickCity or town Brunswick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 60 yrs

Hospital, institution, or street address where death occurred:

34 East "D"How long in hospital or institution? —

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FredrickCity or town Brunswick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 34 East "D"  
(If rural, give LOCATION)2.(a) If veteran, name war —

## 3. (a) FULL NAME

Ida Alvirda Hoar

## 3. (b) Social Security Number

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Frank G. Hoar6. (c) If alive, give age — years7. Birth date of deceased (mo., day, yr.) Feb. 21 18728. AGE: Years 76 Months 0 Days 4 If less than one day — hrs. — min.9. Birthplace Maryland  
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Home12. Name Robert Merryman13. Birthplace Maryland14. Maiden name Lydia Jane Booth15. Birthplace Virginia18. Informant Nellie Alvirda LloydAddress Brunswick Md.17. Burial Date thereof Feb 27 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory UnionLocation Union, Brunswick, Md.18. Funeral director C. N. Foster, Bro.Address Brunswick Md.19. Feb. 26 1948 Kathryn H. Brown  
(Date rec'd by registrar) (Registral)

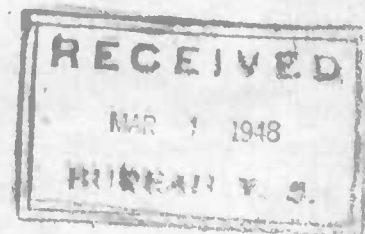
## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 25 1948 at 5:00 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1, 1948 to Feb. 25 1948and that I last saw her alive on Feb. 25 1948Immediate cause of death Toxemia, general DURATIONDue to her noseDue to —Other conditions Fredrick exp lip  
1943.  
(Include pregnancy within 3 months of death)Major findings of operations —Date of op. —Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —Where did injury occur? — (City or town) (County) (State)Injured at home, farm, industry, public place (where?) —Means of injury — Injured at work? —23. SIGNATURE Dr. P. H. M.D. M. D. or otherAddress Brunswick, Md. Date signed 2-26-48



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 137

01664

948

1. PLACE OF DEATH:  
County.....*Frederick*  
City or town.....*Libertytown*  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?.....*Rural*  
Hospital, institution, or street address where death occurred:  
.....  
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants, give residence of mother)  
State.....*Maryland* County.....*Frederick*  
City or town.....*Libertytown*  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.....*Rural*  
(If rural, give LOCATION)  
2.(a) If veteran, name war.....

3. (a) FULL NAME  
*Wilma Marie Hoffman*

3. (b) Social Security Number  
*None*

4. Sex.....*Female* 5. Color or race.....*White* 6. (a) Single, married, widowed, or divorced.....*Married*  
6. (b) Name of husband or wife.....*Elmer F. Hoffman* 6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.).....*Aug 16 - 1899*  
8. AGE: Years.....*48* Months.....*5* Days.....*16* If less than one day..... hrs..... min.

9. Birthplace.....*Frederick County, Md*  
(Town, county, and state)

10. Usual occupation.....*Housewife*

11. Industry or business.....*None*

12. Name.....*Isaac Welby*  
13. Birthplace.....*Maryland*  
14. Maiden name.....*Catherine Fox*  
15. Birthplace.....*Maryland*

16. Informant.....*Elmer F. Hoffman*  
Address.....*Libertytown, Md*

17. Burial (Burial, cremation, or removal, Which?).....*Buried* Date thereof..... (month) (day) (year)  
Cemetery or crematory.....*Queen Chapel Cem.*

Location.....*near Libertytown Md*  
18. Funeral director.....*Buell & Hartzler*  
Address.....*2 Woodboro, Md*

19. *Feb 6* 19*48* *Paul A. Aufman* Registrar  
(Date rec'd by registrar)

### MEDICAL CERTIFICATION

20. DATE OF DEATH.....*Feb. 2* 19*48* at *2* P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from..... 19..... to..... 19.....  
and that I last saw him..... alive on..... 19.....

Immediate cause of death.....*Angina pectoris*  
Due to.....*Dr. Messer of Johnsville*  
Due to.....*attended here, we could not locate him.*  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings of operations.....  
Date of op.....  
Autopsy results.....  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide..... Date of.....  
Where did injury occur?..... (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury..... Injured at work?

23. SIGNATURE.....*Dr. H. Beale M.D.*  
Address.....*Libertytown* Date signed.....*2/3/48*  
M. D. or other

MARGIN RESERVED FOR BINDING

VS A15

9-45-15

PLEASE WRITE PLAINLY, WITH FADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

01665

131

## 1. PLACE OF DEATH:

County FrederickCity or town Ijamsville-Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Near Urbana

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty FrederickCity or town Ijamsville-Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Urbana

(If rural, give LOCATION)

2.(a) If veteran, name war

None

## 3. (a) FULL NAME

SOPHIA KELLER

## 3. (b) Social Security Number

None

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

W

6. (b) Name of husband or wife

T. Jefferson Keller

7. Birth date of deceased (mo., day, yr.)

November 24, 1871

8. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

76228

hrs.

min.

9. Birthplace

Frederick County Maryland

(Town, county, and state)

10. Usual occupation

At Home

11. Industry or business

FATHER

12. Name

Joseph Remick

13. Birthplace

Maine

MOTHER

14. Maiden name

Jane Dent

15. Birthplace

Virginia

16. Informant

F. W. Keller

Address

Ijamsville, Maryland - Rural

17.

Burial

Date thereof

2/24/48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

H. R. Etchison and Son

Address

Frederick, Maryland

19.

24 Feb  
(Date rec'd by registrar)

1948

Elizabeth G. Hecker  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

February 22, 1948 at 1:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 211948Feb 221948

and that I last saw him alive on

Feb 221948

Immediate cause of death

Coronary thrombosis

DURATION

3 days

Due to

Arteriosclerosis10 yrs.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Ernest P. Roop, M.D.

M. D. or other

Address

New Market, Md

Date signed

Feb 24/48

RECEIVED

FEB 27 1948

BUREAU V. S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

01666

131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

102 West Third Street

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 102 West Third Street

(If rural, give LOCATION)

None

2. (a) If veteran, name war

## 3. (a) FULL NAME

HENRIETTA DILL KREH

## 3. (b) Social Security Number

None

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

W

8. (b) Name of husband or wife

Charles F. Kreh

7. Birth date of deceased (mo., day, yr.)

September 5, 1856

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

91620

hrs.

min.

9. Birthplace Frederick County Maryland

(Town, county, and state)

10. Usual occupation

At Home

11. Industry or business

FATHER

12. Name

Theodore Schultz

13. Birthplace

Frederick County Maryland

14. Maiden name

Mary Dill

MOTHER

15. Birthplace

Frederick County Maryland

16. Informant

Arthur T. Kreh

Address

102 W. 3rd St., Frederick, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

2/27/48

(month) (day) (year)

Cemetery or crematory

Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland19. 26 Feb 1948

(Date rec'd by registrar)

Elizabeth G. Heck

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 25, 1948 at 7:30 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Oct 1, 1947 to Feb 25, 1948and that I last saw her alive on Feb 25, 1948

Immediate cause of death

DURATION

Atherosclerotic Heart6 mo.Due to ArteriosclerosisDue to Myocardial InfarctionOther conditions Islet

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

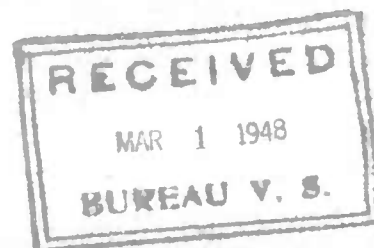
Injured at work?

23. SIGNATURE

A. A. Pearce M.D.

M. D. or other

Address Frederick, Maryland Date signed 2-26-48



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 016039

### 1. PLACE OF DEATH:

County Frederick  
City or town State Sanatorium, Maryland  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Since 2/13/48  
Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
How long in hospital or institution? Since 2/13/48

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery  
City or town Silver Spring  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Silver Spring Hotel  
(If rural, give LOCATION)  
2.(a) If veteran, name war ☒

### 3. (a) FULL NAME

Carl Lancaster

### 3. (b) Social Security Number

577-16-2719

|             |                  |  |
|-------------|------------------|--|
| 4. Sex      | 5. Color or race | 6. (a) Single, married, widowed, or divorced |
| <u>Male</u> | <u>White</u>     | <u>Divorced</u>                              |

6. (b) Name of husband or wife  
6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) September 23, 1906  
8. AGE: Years 41 Months 5 Days 1 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Goldsboro, N. C.  
(Town, county, and state)

10. Usual occupation Barber

11. Industry or business

|        |                 |                          |
|--------|-----------------|--------------------------|
| MOTHER | 12. Name        | <u>Charles Lancaster</u> |
|        | 13. Birthplace  | <u>Pikesville, N.C.</u>  |
|        | 14. Maiden name | <u>Etta Evans</u>        |
| FATHER | 15. Birthplace  | <u>Goldsboro, N.C.</u>   |

16. Informant Deceased

Address  
Burial Date thereof Feb 28, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Lancaster Cem.  
Location Pikesville, Wayne Co., N.C.

18. Funeral director M. L. Creager & Son  
Address Thurmont, Maryland

19. Feb. 25 19 48  
(Date rec'd by registrar) Registrar [Signature]

### MEDICAL CERTIFICATION

20. DATE OF DEATH February 24 19 48 at 12:30 <sup>P</sup>

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 13 19 48, to Feb. 24 19 48, and that I last saw him alive on February 24 19 48.

Immediate cause of death Pulmonary Tuberculosis DURATION 8 Mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. G. Baccin M. D. [Signature]

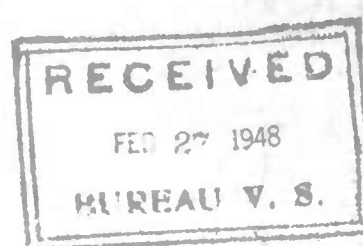
Address State Sanatorium, Md. Date signed 2/25/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct are especially important. Physicians: please write the causes of death clearly and legibly.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01668

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FredricksCity or town Fredricks Route 15  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 days

Hospital, institution, or street address where death occurred:

Emergency HospitalHow long in hospital or institution? 5 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FredricksCity or town New Market  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Frank J. Mealey

## 3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) Oct 17 - 18668. AGE: Years 81 Months 3 Days 28 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace \_\_\_\_\_  
(Town, county, and state)10. Usual occupation Retired Produce Truck

11. Industry or business \_\_\_\_\_

12. Name Milton Mealey13. Birthplace MD14. Maiden name Unknown

15. Birthplace \_\_\_\_\_

16. Informant Mrs Nettie MealeyAddress New Market MD17. Burial Date thereof Feb 17 - 1948  
(Burial, cremation, or removal Which?) (month) (day) (year)Cemetery or crematory New Market CemeteryLocation New Market MD18. Funeral director W E FalconerAddress New Market MD19. 16 Feb 1948 Elizabeth E. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 15 1948 at 2:55 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb - 10 1948 to Feb 15 1948 and that I last saw him alive on Feb 15 1948Immediate cause of death Cerebral Hemorrhage

## DURATION

2 weeks

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Bernard Hunsoph M.D. M. D. or otherAddress Fredricks, MD Date signed Feb 16, 1948

MARGIN RESERVED FOR BINDING

VS A15

9-45-12

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 18 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 145

## 1. PLACE OF DEATH:

County FrederickCity or town Rural Myersville  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County FrederickCity or town Rural Myersville  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)2.(a) If veteran, name war WW

## 3. (a) FULL NAME

Harry V Michael

## 3. (b) Social Security Number

none

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

Sept 23, 1878

6. (c) If alive, give age \_\_\_\_\_ years

8. AGE:

Years

Months

Days

If less than one day

69412

hrs.

min.

9. Birthplace

Jefferson, Frederick Co Md.  
(Town, county and state)

10. Usual occupation

retired farmer

11. Industry or business

FATHER

12. Name

Jerome Michael

13. Birthplace

Jefferson

14. Maiden name

Phetia Harshman

15. Birthplace

Jefferson

16. Informant

Walter V Michael

Address

Myersville, Md.

17.

(Burial, cremation, or removal. Which?)

Burial

Date thereof

Feb 7, 1948  
(month) (day) (year)

Cemetery or crematory

U. B. Cemetery

Location

Myersville, Md.

18. Funeral director

Blashill Co.

Address

Middletown, Md.

19.

9-8

19

48Edgar B. Bitt

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

February 5, 1948 at 8 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 8, 1948 to Feb 5, 1948and that I last saw him alive on Feb 3, 1948

Immediate cause of death

Chr. valvular Heart disease

DURATION

>

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. E. Harp, M.D.

M. D. or other

Address

MiddletownDate signed 2-6-48

RECEIVED  
FEB 10 1948  
FEB 10



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

01670

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick-Rural R. F. D. #1  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

I. O. O. F. Home

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick-Rural R. F. D. #1  
(If outside city or town limits, write RURAL and give nearest town)Street No. I. O. O. F. Home

(If rural, give LOCATION)

None

2.(a) If veteran, name war

## 3.(a) FULL NAME

SARAH COLUMBIA MILLER

## 3.(b) Social Security Number

None

|                    |                              |   |
|--------------------|------------------------------|---|
| 4. Sex<br><u>F</u> | 5. Color or race<br><u>W</u> | 6.(a) Single, married, widowed, or divorced<br><u>W</u> |
|--------------------|------------------------------|---|

6.(b) Name of husband or wife Charles F. Miller7. Birth date of deceased (mo., day, yr.) October 4, 1856

|         |           |          |           |                      |
|---------|-----------|----------|-----------|----------------------|
| 8. AGE: | Years     | Months   | Days      | It less than one day |
|         | <u>91</u> | <u>4</u> | <u>17</u> | hrs. min.            |

9. Birthplace Centerville, Maryland  
(Town, county, and state)10. Usual occupation None

11. Industry or business

12. Name Unknown13. Birthplace Unknown14. Maiden name Unknown15. Birthplace Unknown16. Informant I. O. O. F. Home RecordsAddress R. F. D. #1, Frederick, Md.17. Burial Date thereof 2/24/48  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Columbia Gardens CemeteryLocation Arlington County Virginia18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 23 Feb 1948 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 21, 1948 at 1:15 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 1, 1947 to Feb 21, 1948  
and that I last saw him alive on Feb 21, 1948Immediate cause of death Chronic Myocarditis  
Acute dilation heart DURATION 2 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm M. Smith M. D. or otherAddress Frederick, Maryland Date signed 2-23-48

RECEIVED

FEB 25 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

01671

1. PLACE OF DEATH: Frederick  
 County..... Frederick City  
 City or town..... (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 2 Days  
 Hospital, institution, or street address where death occurred:  
 Frederick City Hospital  
 How long in hospital or institution? 2 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State..... Maryland County..... Montg.  
 City or town..... Gaithersburg,  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

John Henry Mills

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife: Muriel G. Mills  
 7. Birth date of deceased (mo., day, yr.) Mar 20 1871  
 8. AGE: Years 76 Months 10 Days 29 If less than one day  
 1871 76 10 29 hrs. min.

9. Birthplace Gaithersburg, Md.  
 (Town, county, and state)  
 10. Usual occupation Retired Carpenter  
 11. Industry or business  
 12. Name John W. Mills  
 13. Birthplace Md.  
 14. Maiden name Matilda Harris  
 15. Birthplace Md.

16. Informant James S. Fisher  
 Address Poolsville, Md.  
 Burial Date thereof 2/21/48  
 (Burial, cremation, or removal. When?) (month) (day) (year)  
 Cemetery or crematory Forest Oak Cemetery  
 Gaithersburg, Md.  
 Location Ernest C. Gartner  
 18. Funeral director Gaithersburg Md.  
 Address  
 19. 20 Feb 1948 Elizabeth G. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 19th 1948 at 12:20 AM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from  
 February - 17 - 1948 to Feb - 19 - 1948  
 and that I last saw him alive on Feb - 18 - 1948

Immediate cause of death carcinoma of prostate  
 DURATION unknown

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William C. Miller, M.D.

M. D. or other

Address Gaithersburg, Md. Date signed 2/20/48

RECEIVED

FEB 23 1948

BUREAU V. S.

Evidence for change  
of birth date and age  
shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01672

FILM No. G 114 MAR 29 1948 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 4 days  
Hospital institution, or street address where death occurred:  
Frederick Memorial Hospital  
How long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Frederick  
City or town Brownsville  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 302 A<sup>th</sup> St.  
(If rural, give LOCATION)  
2.(a) If veteran, name war

3. (a) FULL NAME

Roger William Mills Sr.

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Vera E. Albright

6. (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) March 24 - 1888 1884

8. AGE: Years 63 Months 10 Days 27 If less than one day hrs. min.

9. Birthplace Maryland  
(Town, county, and state)

10. Usual occupation Bk. O. R. K. Grakeman

11. Industry or business

12. Name William Mills

13. Birthplace Maryland

14. Maiden name Fannie Robertson

15. Birthplace Maryland

18. Informant Mrs Vera E Albright Mills

Address Brownsville Md.

17. Burial Date thereof Feb 25 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Brownsville Cem.

Location Brownsville Maryland

18. Funeral director H. F. F. & Bros

Address Brownsville Md.

19. 24 Feb 19 48 Elizabeth G. Hack  
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 27 19 48 at 6 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Feb 17 19 48 to Feb 21 19 48

and that I last saw him alive on Feb 21 19 48

Immediate cause of death Coronary Occlusion

Due to Coronary Sclerosis

Due to Emphysema & Chronic Bronchitis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. L. L. Price M. D. or other

Address Jefferson Rd Date signed 2/23/48

RECEIVED

FEB 25 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 01677331

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Lifetime  
 Hospital, institution, or street address where death occurred:  
Frederick Memorial Hospital  
 How long in hospital or institution? Several Hours

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Shookstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
None  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

CHARLES LEWIS MISS

## 3. (b) Social Security Number

216-22-9420

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced  
Widowed  
 6.(b) Name of husband or wife Mary Masser Miss  
 6.(c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) February 4, 1869  
 8. AGE: Year 79 Month 0 Days 8 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Frederick County, Maryland  
 (Town, county, and state)  
 10. Usual occupation Truck Helper  
 11. Industry or business \_\_\_\_\_

12. Name Ernest L. Miss  
 13. Birthplace Frederick County, Md.  
 14. Maiden name Jennie Redmond  
 15. Birthplace Frederick County, Md.

16. Informant Mr. Walter Reader  
 Address Route 5, Frederick, Md.

17. Burial Date thereof February 15, 1948  
 (Burial, cremation, or removal, which?) (month) (day) (year)  
 Cemetery or ~~acematory~~ Mount Olivet Cemetery  
 Location Frederick, Maryland

18. Funeral director C. E. Cline & Son  
 Address Frederick, Maryland

19. 14 Feb 1948 Elizabeth G. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 2. 12 1948 at 11:30 A.M.

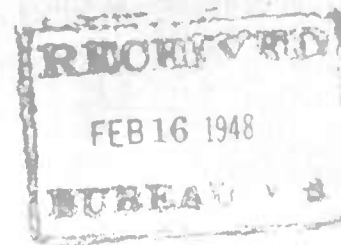
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ to \_\_\_\_\_  
 and that I last saw him dead on 2. 12 1948  
 Immediate cause of death Creeping croup & chest

DURATION 2 hrs  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)  
 Major findings of operations \_\_\_\_\_  
 Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.  
 22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide Accident Date of 2. 12. 48  
 Where did injury occur? Frederick, Md. (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?) Frederick, Md.  
 Means of injury Fallen Injured at work? yes

23. SIGNATURE R. W. Bar Deputy Med  
ex.  
 Address Frederick, Md. Date signed 2. 12. 48





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick - Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Lifetime  
 Hospital, institution, or street address where death occurred:  
Emergency Hospital  
 How long in hospital or institution? 6 Weeks

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 510 North Market Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3. (a) FULL NAME

HARRY NORMAN MUNSHOWER

## 3. (b) Social Security Number

214-10-1801

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Divorced  
 6.(b) Name of husband or wife \_\_\_\_\_  
 6.(c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) September 4, 1892  
 8. AGE: Years 55 Months 5 Days 9 it less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Frederick, Frederick Co., Md.  
 (Town, county, and state)

10. Usual occupation Barber

11. Industry or business \_\_\_\_\_

FATHER 12. Name Charles E. Munshower

13. Birthplace Frederick, Maryland

MOTHER 14. Maiden name Emma Yinger

15. Birthplace Frederick, Maryland

16. Informant Miss Fannie Yinger

Address Frederick, Maryland

17. Burial Date thereof February 16, 1948  
 (Burial, cremation, or removal. When?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director C. E. Cline & Son

Address Frederick, Maryland

19. 16 Feb 1948 Elizabeth G. Hack  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 13th 1948 at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 5 1948 to Feb. 13 1948 and that I last saw him alive on Feb. 13 1948

Immediate cause of death Cirrhosis of Liver

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Bernard Kemas M.D. or other \_\_\_\_\_  
 Address Frederick, Md Date signed 2/14/48

RECEIVED

FEB 18 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

01675

Reg. Dist. No. 134

## 1. PLACE OF DEATH:

County Frederick  
 City or town Emmitsburg, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 45 years  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Emmitsburg,  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. East Main  
 (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Estella Agnes Myers

## 3. (b) Social Security Number

none

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband or wife Charles F. Myers  
 6.(c) If alive, give age 60 years  
 7. Birth date of deceased (mo., day, yr.) March 15, 1886  
 8. AGE: Years 61 Months 10 Days 25 If less than one day  
 .....hrs. ....min.

9. Birthplace Woodsboro, Maryland  
 (Town, county, and state)  
 10. Usual occupation Housewife  
 11. Industry or business

FATHER 12. Name John Aumen  
 13. Birthplace Adams County, Penna.  
 MOTHER 14. Maiden name Rebecca Motter  
 15. Birthplace Carlisle, Penna.

16. Informant Charles Myers  
 Address East Main Street, Emmitsburg, Md.  
 17. Burial Date thereof Feb. 13, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Joseph Catholic  
 Location Emmitsburg, Maryland

18. Funeral director L. L. Allison  
 Address Emmitsburg, Maryland

19. Feb-11-48 M. F. Shuff  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 10, 1948 at 10:15 A  
 21. I CERTIFY that death occurred on the date above stated; that it ended deceased from 1940 to Feb 10, 1948  
 and that I last saw him alive on Feb 10, 1948

Immediate cause of death cerebral hemorrhage  
 DURATION 24 hrs.

Due to Hypertensive cardiovascular disease - several years.  
 Due to coronary artery disease - 3 years

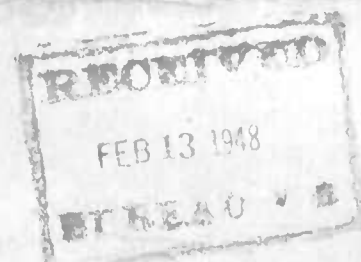
Other conditions coronary artery disease - 3 years  
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op. ....

Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of .....  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE W. L. Cagle M.D.  
Emmitsburg, Md. M. D. or other  
 Address..... Date signed 2-10-48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 138

## 1. PLACE OF DEATH:

County FrederickCity or town Hammsville  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

James Francis

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County FrederickCity or town Hammsville  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2. (a) If veteran, name war \_\_\_\_\_

## 3. (b) Social Security Number

4. Sex

M

5. Color or race

Caucasian

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Dec. 9, 1947

6. (c) If alive, give age \_\_\_\_\_ years

8. AGE:

Years

Months

Days

If less than one day

2 6 4 hrs. min.9. Birthplace Carroll Co., Frederick Co., Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal) Which?

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19.

48

Lucian K. Falcone

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14 1948 at 8:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

and that I last saw him on Feb 14 1948

Immediate cause of death

Pneumonia, bronchoetiology unknown [4/1/48 chg]

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

P. H. Bar

M. D. or other

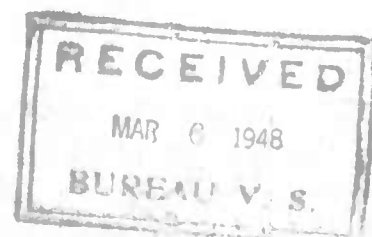
Address Frederick, Md. Date signed 2-15-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

01676



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlea St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

## 1. PLACE OF DEATH:

County Frederick  
 City or town State Sanatorium, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Since 12/1/47  
 Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
 How long in hospital or institution? Since 12/1/47

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Anne Arundel  
 City or town Severn  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Thompson Ave.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war ✓

## 3. (a) FULL NAME

Juanita Loretta Myers

## 3. (b) Social Security Number

215-14-8050

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband xxx Carroll Myers  
 6.(c) If alive, give age 33 years  
 7. Birth date of deceased (mo., day, yr.) January 6, 1923  
 8. AGE: Years 25 Months 1 Days 17 If less than one day  
 hrs. min.

9. Birthplace Baltimore, Maryland  
 (Town, county, and state)  
 10. Usual occupation Housewife  
 11. Industry or business

12. Name Maxmillion Leo Lahner  
 13. Birthplace Baltimore, Maryland  
 14. Maiden name Lillian Jackson  
 15. Birthplace Severn, Maryland

16. Informant Carroll Myers (Husband)  
 Address Thompson Ave., Severn, Md.

17. Burial Date thereof Feb 25, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Home Burying Ground,  
Severn, Md.  
 Location

18. Funeral director M. L. Creager & Son  
 Address Thurmont, Maryland

19. Feb. 23 19 48  
 (Date rec'd by registrar) Registrar [Signature]

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 23 19 48 at 2:35A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
December 1 19 47 to Feb. 23 19 48  
 and that I last saw h. er alive on February 23 19 48

Immediate cause of death Pulmonary Tuberculosis  
 DURATION 20 Mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. G. Green M. D. [Signature]Address State Sanatorium, Md. Date signed 2/23/48

RECEIVED

FEB 24 1948

BUREAU V. S



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

## 1. PLACE OF DEATH:

County Frederick  
 City or town State Sanatorium, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Since 1/24/47  
 Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
 How long in hospital or institution? Since 1/24/47

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Allegany  
 City or town Cumberland  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 947 Bedford St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war ☒

## 3. (a) FULL NAME

Naomi Perdw

## 3. (b) Social Security Number

None

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Separated6. (b) Name of husband Walter Perdw6. (c) If alive, give age 41 years

## 7. Birth date of

deceased (mo., day, yr.)

June 27, 1909

## 8. AGE:

Years

38

Months

7

Days

13

If less than one day

hrs.min.9. Birthplace Echart, Maryland

(Town, county, and state)

10. Usual occupation Housewife

## 11. Industry or business

## FATHER

12. Name Ross Robinette13. Birthplace Oldtown, Maryland

## MOTHER

14. Maiden name Bertha Ross15. Birthplace Allegany County, Md.16. Informant Deceased

Address

17. Burial Date thereof 2/12/48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery HillcrestLocation Cumberland, Maryland18. Funeral director John J. HaferAddress 230 Balto. Ave., Cumberland, Md.19. Feb. 11 19 48

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 9 19 48 at 8:20 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
January 24 19 47 to Feb. 9 19 48  
 and that I last saw h. er alive on February 9 19 48

## Immediate cause of death

Pulmonary Tuberculosis

## DURATION

5 Yrs.

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

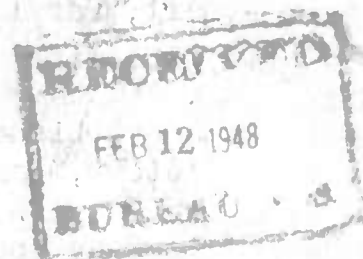
23. SIGNATURE R. G. Breen M. D. State Sanatorium, Md.Address State Sanatorium, Md. Date signed 2/11/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct use of this form is especially important. Physicians: please write the causes of death clearly and legibly.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: **Frederick**  
 County.....  
 City or town **State Sanatorium, Maryland**  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? **Since 8/9/46**  
 Hospital, institution, or street address where death occurred:  
**Maryland Tuberculosis Sanatorium**  
 How long in hospital or institution? **Since 8/9/46**

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State **Maryland** County.....  
 City or town **Baltimore, Maryland**  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. **443 N. Lakewood Ave.**  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

3. (a) FULL NAME  
**Roland E. Priebe**

3. (b) Social Security Number  
**293-18-9619**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, married, widowed, or divorced **Married**  
 6. (b) Name of ~~husband~~ wife **Anna E. Priebe**  
 6. (c) If alive, give age **24** years  
 7. Birth date of deceased (mo., day, yr.) **October 14, 1924**  
 8. AGE: Years **23** Months **4** Days **5** If less than one day  
 hrs. min.

9. Birthplace **Kent, Ohio**  
 (Town, county, and state)  
 10. Usual occupation **Engineer**  
 11. Industry or business  
 12. Name **Henry Priebe**  
 13. Birthplace **Cleveland, Ohio**  
 14. Maiden name **Mary Cragilow**  
 15. Birthplace **Lancaster, Ohio**  
 16. Informant **Deceased**

Address  
 17. **Burial** Date thereof **Feb. 23, 1948**  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory **Baltimore, Md.**  
 Location **Baltimore, Md.**  
 18. Funeral director **Wm. Fialkowski**  
 Address **2007 Eastern Ave., Baltor, Md.**  
**Feb. 20** 19 **48**  
 (Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH **February 19** 19 **48** at **11:05 P**  
 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from  
**August 9** 19 **46** to **Feb. 19** 19 **48**

and that I last saw him alive on 19

Immediate cause of death **Pulmonary Tuberculosis** DURATION **21 Mos.**

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE **R. W. Bueri** M. D. ~~XXXX~~

Address **State Sanatorium, Md.** Date signed **2/20/48**

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**RECEIVED**

FEB 23 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

01681

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick, R.F.D. 5  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? two years

Hospital, institution, or street address where death occurred:

Rocky Spring, Maryland

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick, R.F.D. 5  
(If outside city or town limits, write RURAL and give nearest town)Street No. Rocky Spring  
(If rural, give LOCATION)none

2.(a) If veteran, name war

## 3. (a) FULL NAME

Mrs. Maryanna Smith Rawson

## 3. (b) Social Security Number

## 4. Sex

female

## 5. Color or race

white

## 6. (a) Single, married, widowed, or divorced

widow6. (b) Name of husband or wife Edward B. Rawson7. Birth date of deceased (mo., day, yr.) Jan. 1st., 1871  
6. (c) If alive, give age ..... years8. AGE: Years 77 Months 1 Days 3 If less than one day ..... hrs. .... min.9. Birthplace Lincoln, Loudon Co., Va.  
(Town, county, and state)10. Usual occupation Housewife

## 11. Industry or business

12. Name Edward J. Smith  
13. Birthplace Loudon Co., Va.14. Maiden name Brown  
15. Birthplace Loudon Co., Va.16. Informant Arthur J. Rawson,  
Frederick, Md. R.F.D. 5  
Address17. Cremation Date thereof Feb. 10, 1948  
(Burial, cremation, or removal of body) (month) (day) (year)18. Fort Lincoln  
Location Bladensburg, Md.19. Funeral director M. R. Etchison & Son,  
Frederick, Md.  
Address19. 10 Feb 1948 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 10 1948 at 1 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19..... 19.....  
and that I last saw him/her on Feb 10 1948

Immediate cause of death

Coronary occlusion

DURATION

undated

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. ....

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? .....  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury

Injured at work?

23. SIGNATURE P.W. Raw Dr. W. W. Ex.  
M. D. or otherAddress Frederick, Md Date signed 2.10.48



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:  
 County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Lifetime  
 Hospital, institution, or street address where death occurred:  
112 East Seventh Street  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 112 East Seventh Street  
 (If rural, give LOCATION)  
None  
 2.(a) If veteran, name war

3. (a) FULL NAME  
JOSEPH VERNON RHODERICK

3. (b) Social Security Number  
None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced  
Widowed  
 6. (b) Name of husband or wife Ada F. Schleigh  
 6. (c) If alive, give age years  
 7. Birth date of deceased (mo., day, yr.) November 15, 1867  
 8. AGE: Years 80 Months 3 Days 5 If less than one day  
 hrs. min.

9. Birthplace Frederick, Frederick County, Md.  
 (Town, county, and state)  
 10. Usual occupation Retired Mail Carrier  
 11. Industry or business

FATHER 12. Name John J. Rhoderick  
 13. Birthplace Frederick County, Maryland  
 MOTHER 14. Maiden name Catherine Anne Sponseller  
 15. Birthplace Frederick County, Maryland

16. Informant Mr. Vernon F. Rhoderick  
 Address Braddock, Maryland

17. Burial Date thereof February 23, 1948  
 (Burial, cremation, or removal, which) (month) (day) (year)  
 Cemetery or crematory Mount Olivet Cemetery  
 Location Frederick, Maryland

18. Funeral director C. E. Cline & Son  
 Address Frederick, Maryland

19. 23 Feb 19 48 Elizabeth G. Heck  
 (Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH February 20th 19 48 at 4:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
May, 10th 19 38 to Feb. 20 19 48  
 and that I last saw him alive on February, 20th 19 48

Immediate cause of death Chr. Myocarditis DURATION 12 yrs

Due to  
 Due to

Other conditions  
 (Include pregnancy within 3 months of death)

Major findings of operations  
 Date of op.

Autopsy results  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide Date of  
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE John B. Bester M. D. or other  
Frederick, Md. Date signed Feb. 21/48  
 Address

MARGIN RESERVED FOR BINDING

9-45-15M

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**RECEIVED**

FEB 25 1948

BUREAU V. S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

131a

01683

131

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 Years

Hospital, institution, or street address where death occurred:

16 West 13th Street

How long in hospital or institution? .....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 16 West 13th Street

(If rural, give LOCATION)

None

2.(a) If veteran, name war .....

## 3. (a) FULL NAME

IDA MATILDA RIGGS

## 3. (b) Social Security Number

None

|                    |                              |  |
|--------------------|------------------------------|--|
| 4. Sex<br><u>F</u> | 5. Color or race<br><u>W</u> | 6. (a) Single, married, widowed, or divorced<br><u>S</u> |
|--------------------|------------------------------|--|

6. (b) Name of husband or wife .....

|   |                       |
|---|-----------------------|
| 7. Birth date of deceased (mo., day, yr.) | <u>April 13, 1867</u> |
|---|-----------------------|

|         |           |           |          |                      |
|---------|-----------|-----------|----------|----------------------|
| 8. AGE: | Years     | Months    | Days     | It less than one day |
|         | <u>80</u> | <u>10</u> | <u>2</u> | .....hrs. ....min.   |

9. Birthplace Walkersville-Frederick-Maryland  
(Town, county, and state)10. Usual occupation At Home

11. Industry or business .....

12. Name I Jams Riggs13. Birthplace Frederick County Maryland14. Maiden name Mary Wood15. Birthplace Frederick County Maryland16. Informant Mrs. Louis G. RennAddress 16 W. 13th St., Frederick, Md.17. Burial Date thereof 2/17/48

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 17 Feb 1948 Elizabeth B. Hack

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 15, 1948 at 12:45 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 29 to Feb 15 1948and that I last saw him alive on Feb 15 1948

Immediate cause of death .....

## DURATION

Due to Cerebral Hemorrhage 5 dayDue to Hypertension 20 yearsDue to Chronic Venous Renal Disease 20 years

Other conditions .....

(Include pregnancy within 8 months of death)

Major findings of operations .....

Date of op. ....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide .....

Where did injury occur? .....

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury .....

Injured at work?

23. SIGNATURE H Laurence Tabernay M. D.Address Frederick, Maryland M. D. other 2-16-48

Date signed .....

RECEIVED

FEB 18 1948

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

01684

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? LifeHospital, institution, or street address where death occurred:  
24-A West All Saint Street

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 24-A West All Saint Street  
(If rural, give LOCATION)2.(a) If veteran, name war None

## 3. (a) FULL NAME

LARRY JONES RUSSELL

## 3. (b) Social Security Number

None

|                    |                              |  |
|--------------------|------------------------------|--|
| 4. Sex<br><u>M</u> | 5. Color or race<br><u>C</u> | 6. (a) Single, married, widowed, or divorced<br><u>S</u> |
|--------------------|------------------------------|--|

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) November 28, 1947  
6. (c) If alive, give age years8. AGE: Years Months Days If less than one day  
0 2 12 hrs. min.9. Birthplace Frederick-Frederick-Maryland  
(Town, county, and state)10. Usual occupation Infant

## 11. Industry or business

12. Name John Jones13. Birthplace Frederick County Maryland14. Maiden name Evelyn Russell15. Birthplace Montgomery County Maryland16. Informant Evelyn RussellAddress 24-A W. All Saint St., Fred'k, Md.17. Burial Date thereof 2/9/48  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Fairview CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 9 Feb 1948 Elisabeth G. Hech  
(Date rec'd by registrar) (month) (day) (year) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 7th 1948 at 7:15A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

2-5- 1948 to 2-7- 1948  
and that I last saw him alive on 2-7- 1948

Immediate cause of death

DURATION

Due to Bronchitis 4 to 5 daysDue to Exposure

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE U. G. Barone Sr. M. D.Address Frederick, Maryland Date signed 2-9-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Birth cert. on file as Harry Jones Russell



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 134

01685

### 1. PLACE OF DEATH:

County St. Joseph's Infirmary, Central House

City or town Emmitsburg, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? For about 54 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Emmitsburg

(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2(a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

Helena Salazar (Sister Victorine)

### 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Sister of Charity

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) April 24, 1861

8. AGE: Years 86 Months 10 Days 4 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Costa Rica, Central America

(Town, county, and state)

10. Usual occupation Teaching or Secretarial Work

11. Industry or business \_\_\_\_\_

12. Name Jose Antonio Salazar

13. Birthplace Spain

14. Maiden name Maria Ignacia Gallegos

15. Birthplace Spain

16. Informant Sister Rosa, Assistant

Address St. Joseph's Central House

17. Burial Date thereof March 1, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Joseph's, Emmitsburg, Md.

Location Emmitsburg, Maryland

18. Funeral director S. L. Albion

Address Emmitsburg, Md.

19. Feb 28 19 48 O. M. F. Shuff  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 27 19 48 at 10:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1946 to Feb-27-48 and that I last saw him/her alive on Feb. 27 19 48

Immediate cause of death Pneumonia DURATION 3 days

Due to Articular Salivaria several  
cardio renal disease years

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of Injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE W. R. Cadle M.D. M. D. or other \_\_\_\_\_

Address Emmitsburg, Md. Date signed 2-27-48

MARGIN RESERVED FOR BINDING

VS/A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
MAR 2 1948  
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

01686

Reg. Dist. No. 140

## 1. PLACE OF DEATH

County FrederickCity or town near Woodsboro  
(if outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town near Woodsboro  
(if outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Rosa Jane Saylor

## 3. (b) Social Security Number

4. Sex

F.

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Mar. 11, 1877

6. (c) If alive, give age \_\_\_\_\_ years

8. AGE:

Years

Months

Days

If less than one day

701022

hrs.

min.

9. Birthplace

Woodsboro, Md.  
(Town, county, and state)

10. Usual occupation

House work

11. Industry or business

FATHER

12. Name

George C. Saylor

13. Birthplace

Frederick Co. Md.

MOTHER

14. Maiden name

Mary C. Rane

15. Birthplace

Frederick Co. Md.

16. Informant

Mrs. Jennie Shilhide

Address

Walkersville, Md.

17. Burial

Burial

Date thereof

Feb. 6, 1948  
(month) (day) (year)

(Burial, cremation, or removal, which?)

Cemetery or crematory

Mt. Hope

Location

Woodsboro, Md.

18. Funeral director

Buell, Hartzler

Address

Woodsboro, Md.19. Feb. 619. 48

(Date rec'd by registrar)

L. B. Powell

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 3 19. 48 at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug. 1939 19. 48 to Feb 3 19. 48and that I last saw her alive on Feb 2 19. 48

Immediate cause of death

Apoplexy

DURATION

Due to

Due to

Other conditions

Diabetes Mellitus

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury

Injured at work?

23. SIGNATURE

Samuel E. Fosterday  
M. D. or otherAddress Walkersville, Md. Date signed Feb. 4, 48

RECEIVED

MAR 4 1948

BUREAU V. S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

01687

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick-Rural R. F. D. #4  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 10 Years  
 Hospital, institution, or street address where death occurred:  
Peagaville  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Frederick-Rural R. F. D. #4  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Peagaville  
 (If rural, give LOCATION)  
None  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

MARY ELIZABETH SHAFER

## 3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced W  
 6. (b) Name of husband or wife William G. Shafer  
 7. Birth date of deceased (mo., day, yr.) May 31, 1867 8. (c) If alive, give age 80 years  
 8. AGE: Year 80 Months 8 Day 13 If less than one day  
hrs. min.

9. Birthplace Nr. Burkittsville-Frederick-Md.  
 (Town, county, and state)

10. Usual occupation At Home

## 11. Industry or business

12. Name George M. Brandenburg  
 13. Birthplace Frederick County Maryland  
 14. Maiden name Minerva Warrenfeltz  
 15. Birthplace Frederick County Maryland

16. Informant Mrs. George W. Easterday  
 Address R. F. D. #4, Frederick, Maryland

17. Burial Date thereof 2/17/48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Reformed Cemetery  
 Location Middletown, Maryland

18. Funeral director M. R. Etchison and Son  
 Address Frederick, Maryland

19. 16 Feb 1948 Elizabeth G. Hoch  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 14, 1948 at 11:30 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 1 1947 to Feb 14 1948  
 and that I last saw him alive on Feb 13 1948

Immediate cause of death

Cerebral Hemorrhage

DURATION

3 days

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William G. Shafer M.D.

Address Frederick, Maryland Date signed 2-16-48

RECEIVED

FEB 18 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

01688

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

11 West 12th Street

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 11 West 12th Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (a) FULL NAME

ANNIE FLORENCE SIMPSON

## 3. (b) Social Security Number

None

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

W

8. (b) Name of husband or wife

Ridgley D. Simpson

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

November 11, 1870

8. AGE:

Years

Months

Days

If less than one day

77314

hrs.

min.

9. Birthplace

Nr. Libertytown-Frederick-Md.

(Town, county, and state)

10. Usual occupation

At Home

11. Industry or business

FATHER

12. Name

Joshua Albaugh

13. Birthplace

Frederick County Maryland

MOTHER

14. Maiden name

Susannah Naugh

15. Birthplace

Frederick County Maryland

16. Informant

Paul D. Simpson

Address

11 W. 12th St., Frederick, Md.

17.

Burial

Date thereof

2/28/48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19.

26 Feb 1948  
(Date rec'd by registrar)

19.

48Elizabeth G. Heck  
Registrar

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 25, 1948 at 9:45P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 16 1948 to Feb 25 1948  
 and that I last saw him alive on Feb 25 1948

Immediate cause of death

DURATION

Cerebral Hemorrhage1 day

Due to

Arterio-sclerotic heart disease

Due to

Chronic S. gland

Other conditions

6 mo.

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

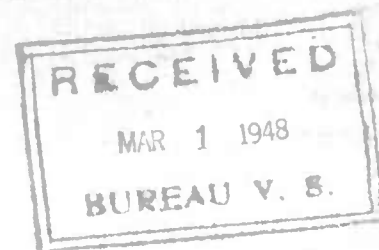
Manner of injury Injured at work?

23. SIGNATURE

A. D. Pearse

M. D. or other

Address Frederick, Maryland Date signed 2-26-48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

01689

93d

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 26 years  
 Hospital, institution, or street address where death occurred:  
107 West 4th St  
 How long in hospital or institution? —

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State MD County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 107 West 4th St  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war none

## 3. (a) FULL NAME

Ella Jane Sworley

## 3. (b) Social Security Number

none

4. Sex

female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Feb 7 1856

8. AGE:

Years

Months

Days

If less than one day

92

hrs. min.

9. Birthplace

Frederick Co., Md.  
(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

FATHER

12. Name

Elisha Sworley

13. Birthplace

Frederick Co.

MOTHER

14. Maiden name

Margaret Nelson

15. Birthplace

Frederick Co.

16. Informant

Mrs. Ray Burger

Address

107 W 4th Frederick Md

17.

(Burial, cremation, or removal, where?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Central Cemetery

Location

Central, Md

18. Funeral director

Harry E. Canty Co

Address

Frederick, Md.

19.

(Date rec'd by registrar)

26 Feb 1948Elizabeth B. Heck

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

July 26 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 10 1948 to July 26 1948

and that I last saw him alive on

Immediate cause of death

Central Thrombosis

DURATION

3 Days

Due to

Chronic Atherosclerosis  
Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Frederick Md

Date signed

12/26/48

MARGIN RESERVED FOR BINDING

VS A15

9.45.15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 1 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

01690

Reg. Dist. No. 134

## 1. PLACE OF DEATH:

County Frederick  
 City or town Emmitsburg, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 35 years  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Emmitsburg, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. East Main Street  
 (If rural, give LOCATION)

2.(a) If veteran, name war.

## 3. (a) FULL NAME

Janet Amanda Topper

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Single

6. (b) Name of husband or wife.

7. Birth date of deceased (mo., day, yr.) October 3, 1882  
 6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 65 Months 4 Days 1 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Adams County, Penna.  
 (Town, county, and state)

10. Usual occupation Seamstress11. Industry or business At home

FATHER 12. Name John Topper  
 13. Birthplace Adams County, Penna

MOTHER 14. Maiden name Margaret Wetzel  
 15. Birthplace Adams County, Penna

16. Informant Raphael Topper  
 Address 4619 Chester Ave Tulsa Pa

17. Burial Date thereof Feb. 7, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematorium St. Joseph's Catholic  
 Location Emmitsburg, Md

18. Funeral director S. L. Allison  
 Address Emmitsburg, Md.

19. Feb 6 48 M. F. Shreff  
 Date rec'd by registrar Registrar

## 3. (b) Social Security Number

220-16-2077

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 4 48 230 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1930 19 to Feb 4 48  
 and that I last saw her alive on Feb 1 48

Immediate cause of death Coronary occlusion DURATION 1/2 hour

Due to Arteriosclerosis (duration) several years

Due to Essential hypertension (duration) several years

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

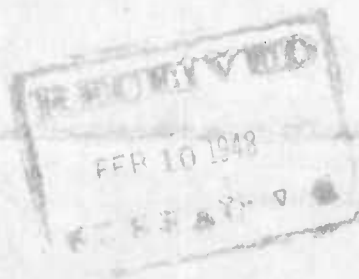
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Mans of injury Injured at work?

23. SIGNATURE W. R. Oggle MD M. D. or other

Emmitsburg Md 3-4-48  
 Address Date signed





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Rural Harmony Grove  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 2 years  
 Hospital, institution, or street address where death occurred:  
Rt. #1  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State MD County Frederick  
 City or town Harmony Grove Rt. #1  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Rt. #1 (Rural)  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war none

## 3. (a) FULL NAME

Edward Shriner Tyler

## 3. (b) Social Security Number

none

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed  
 6.(b) Name of husband or wife Susan Orrison Tyler (dead) 6.(c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) Dec. 21, 1869  
 8. AGE: Years 78 Months 1 Days 14 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

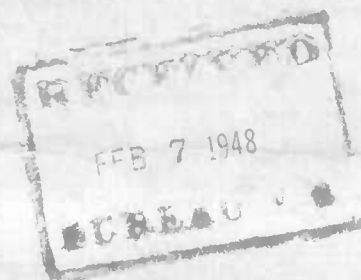
## MEDICAL CERTIFICATION

20. DATE OF DEATH 2 9 19 48 at 9A 19 48  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 19 48 to Feb 4 19 48  
 and that I last saw him alive on February 4 19 48  
 Immediate cause of death Carcinoma of lungs  
 DURATION 4 mos.  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

9. Birthplace Frederick, Frederick, Md  
 (Town, county, and state)  
 10. Usual occupation Executive E. B. Brown Co  
 11. Industry or business Whiskey, Retired since 1944  
 12. Name Dr. Robert Bradley Tyler  
 13. Birthplace Frederick, Md  
 14. Maiden name Ellen Evangeline Shriner  
 15. Birthplace Frederick, Md

16. Informant Mrs. I. B. Hayward  
 Address Harmony Grove, Rt. #1  
 17. Burial Date thereof 2/7/48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Mt. Olivet  
 Location Frederick, Md  
 18. Funeral director Harry E. Coart Co  
 Address Frederick, Md  
 19. 6 Feb-1948 Elizabeth B. Heck  
 (Date rec'd by registrar) Registrar

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_  
 Autopsy remits \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.  
 22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_  
 23. SIGNATURE R. W. Boer  
 Address Frederick, Md Date signed 2-7-48  
 M. D. or other \_\_\_\_\_



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

01692

Reg. Dist. No. 131

1. PLACE OF DEATH:  
 County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 70 yrs.  
 Hospital, institution, or street address where death occurred:  
442 West South Street  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 442 West South Street  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war NONE

3. (a) FULL NAME  
CHARLES EDWARD WALTERS

3. (b) Social Security Number  
NONE

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife Ella Hartsock  
 6. (c) If alive, give age 83 years  
 7. Birth date of deceased (mo., day, yr.) May 1-1864  
 8. AGE: Years 83 Months 9 Days 25 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Berkeley Springs- W. Va.  
 (Town, county, and state)  
 10. Usual occupation Watchman  
 11. Industry or business Bank  
 12. Name Unknown  
 13. Birthplace Unknown  
 14. Maiden name ? Campbell  
 15. Birthplace Harpers Ferry, W. Va.

16. Informant Mrs. Charles E. Walters  
 Address 442 W. South St., Frederick, Md.  
 17. Burial Burial Date thereof February 29, 1948  
 (Burial, cremation, or removal, whichever) (month) (day) (year)  
 Cemetery or crematorium Oak Hill Cemetery  
 Location Nr. Woodsboro, Maryland  
 18. Funeral director C. E. Cline & Son  
 Address Frederick, Maryland  
 19. 28 Feb 1948 Elizabeth G. Hock  
 (Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH February 26th 1948 at 11:20 P.M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 1947 to Feb 26 1948  
 and that I last saw him alive on 2-26- 1948

Immediate cause of death Cardiac Rupture in Diaphragm DURATION 244 hr  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_  
 Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ injured at work?

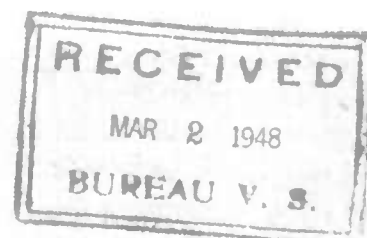
23. SIGNATURE H. G. Bourne Jr. M. D. or other \_\_\_\_\_  
 Address Frederick, Md. Date signed 2-28-48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

01693

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? one day  
 Hospital, institution, or street address where death occurred:  
Frederick Memorial Hospital  
 How long in hospital or institution? one day

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Carroll  
 City or town Taneytown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Baltimore St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war ✓

## 3. (a) FULL NAME

Lizzie Ellen Warner

## 3. (b) Social Security Number

none

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed  
 6. (b) Name of husband or wife Joe E Warner  
 7. Birth date of deceased (mo., day, yr.) October 11 - 1870 6. (c) If alive, give age 77 years  
 8. AGE: Years 77 Months 3 Days 29 If less than one day hrs. min.

9. Birthplace Carroll County, Md.  
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Jacob Hively  
 13. Birthplace Penn.  
 14. Maiden name Mary Babylon  
 15. Birthplace not known

16. Informant Mrs. Harry W. Thushamm  
 Address Taneytown, Md.

17. Burial, cremation, or removal, which Burial Date thereof Feb. 12 - 1948  
 (month) (day) (year)  
 Cemetery or crematory First Church Cemetery  
 Location Westminster, B. D. Md.

18. Funeral director Chas. H. Harkley & Sons  
Union Bridge & New Windsor Md.

19. Feb 11 1948 Elizabeth G. Hich  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 9 1948 at 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19  
 and that I last saw her alive on Feb. 8 1948

Immediate cause of death Cerebral Hemorrhage DURATION 18 hrs.

Due to Arteriosclerosis and hypertension 15 yrs.

Due to

Other conditions Generalized arterio-sclerosis 15 yrs.  
 (Include pregnancy within 3 months of death)

Major findings of operations None done

Autopsy results None done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE R. S. McVough M.D. M. D. or other \_\_\_\_\_  
 Address Taneytown, Md. Date signed 2/9/48

RECEIVED

FEB 14 1948

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

01694

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Thurmont-Rural R. F. D. #1  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Mountain Dale

(If rural, give LOCATION)

None

2. (a) If veteran, name war

## 3. (a) FULL NAME

NELSON R. WHITBECK

## 3. (b) Social Security Number

None

|                    |                              |  |
|--------------------|------------------------------|--|
| 4. Sex<br><u>M</u> | 5. Color or race<br><u>W</u> | 6. (a) Single, married, widowed, or divorced<br><u>S</u> |
|--------------------|------------------------------|--|

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) January 31, 1948  
 6. (c) If alive, give age \_\_\_\_\_ years

|         |          |          |          |                       |
|---------|----------|----------|----------|-----------------------|
| 8. AGE: | Years    | Months   | Days     | If less than one day  |
|         | <u>0</u> | <u>0</u> | <u>1</u> | _____ hrs. _____ min. |

9. Birthplace Frederick-Frederick-Maryland  
 (Town, county, and state)

10. Usual occupation Infant

11. Industry or business

12. Name Nelson M. Whitbeck  
 13. Birthplace Frederick County Maryland

14. Maiden name Caroline Rice  
 15. Birthplace Frederick County Maryland

16. Informant Nelson M. Whitbeck  
 Address R. F. D. #1, Thurmont, Md.

17. Burial Date thereof 2/2/48  
 (Burial, cremation, or other) (month) (day) (year)

Cemetery or crematory Methodist Cemetery  
 Location Lewistown, Maryland

18. Funeral director M. R. Etchison and Son  
 Address Frederick, Maryland

19. 2 Feb 1948 Elizabeth G. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 1, 1948, at 3:20A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 31 1948 to Feb 1 1948  
 and that I last saw him alive on Feb 1 1948

Immediate cause of death

Cerebral hemorrhage

DURATION

7 hours

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Bernard Kussap Jr. M. D.

Frederick, Maryland M. D. or other 2-2-48  
 Address Date signed

RECEIVED

FEB 4 1948

COMM



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

01695

Reg. Dist. No. 144

## 1. PLACE OF DEATH:

County FrederickCity or town Thurmont  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 69 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County FrederickCity or town Thurmont  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)2.(a) If veteran, name war no

## 3. (a) FULL NAME

Lillie Mae Willhide

## 3. (b) Social Security Number

no

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

married

## 6. (b) Name of husband or wife

W= E. Willhide

## 7. Birth date of deceased (mo., day, yr.)

Dec. 26 - 1878

## 6. (c) If alive, give age

79 years

## 8. AGE:

Years

Months

Days

If less than one day

69124hrs.min

## 9. Birthplace

Thurmont Fred Co Md  
(Town, county, and state)

## 10. Usual occupation

Housewife

## 11. Industry or business

Own Home

## 12. Name

Joseph. Moser

## 13. Birthplace

Myersville Fred Co Md

## 14. Maiden name

Nancy Palmer

## 15. Birthplace

Myersville Fred Co Md

## 16. Informant

Chas. Willhide

## Address

Thurmont Md

## 17.

Burial  
(Burial, cremation, or removal. Which?)Date thereof Feb. 23 - 48  
(month) (day) (year)

## Cemetery or crematory

W. B. Cemetery

## Location

Thurmont Md

## 18. Funeral director

M. L. Cresger Han

## Address

Thurmont Md

## 19.

Feb. 23 19 48  
(Date rec'd by registrar)Blanchie S. Egler  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 20 19 48 at 4:05 P.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Dec. 28 19 47 to February 20 19 48and that I last saw him alive on February 20 19 48

## Immediate cause of death

Cerebral hemorrhage

## DURATION

10 min.

## Due to

Hypertension  
arteriosclerosis

## Due to

Other conditions myocarditis, chronic

(Include pregnancy within 3 months of death)

## Major findings of operations

none

## Autopsy results

not done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

## 23. SIGNATURE

M. F. Birl

M. D. or other

Address Thurmont Md. Date signed 2/21/48

RECEIVED

FEB 25 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

01696

Reg. Dist. No. 144

## 1. PLACE OF DEATH:

County Frederick  
 City or town Thurmont Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 17yrs  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 How long in hospital or institution? \_\_\_\_\_

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Md County Frederick  
 City or town Thurmont Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war No

## 3. (a) FULL NAME

Annie Bell Wolf  
 4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
Paul Wolf

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) September 24t. 1907 6.(c) If alive, give age 47 years

8. AGE: Years 40 Months 5 Days 4 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Foxville Fredk Co MD  
Housewife (City, county, and state)

10. Usual occupation

11. Industry or business Own Home12. Name Albert M. Brown13. Birthplace Foxville. MD14. Maiden name Bertie V Mc Afee15. Birthplace Ohio18. Informant Mrs. Edna Fogle.Address Thurmont. MD17. Burial Mch. 2nd. 48

(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory Brown's CemeteryLocation Foxville. MD18. Funeral director M. L. Croager & SonAddress Thurmont. MD.19. March 2 19 48 Blanche S. Eyle

(Date rec'd by registrar) Registrar

## 3. (b) Social Security Number

No

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 28th. 19 48 at 8:15P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 1 19 47, to February 28 19 48  
 and that I last saw him alive on February 24 19 48

Immediate cause of death Carcinomatosis DURATION \_\_\_\_\_

Due to Carcinoma of uterine cervix

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE M. Franklin Bins M. D. or other \_\_\_\_\_Address Thurmont Md. Date signed 3/2/48

RECEIVED

MAR 3 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

01697

1312

## 1. PLACE OF DEATH:

County... *Fredrick*  
 City or town... *Lantz Rural*  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? *84 yrs*  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... *Ind* County... *Fredrick*  
 City or town... *Lantz*  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.  
 (If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (a) FULL NAME

*Jackson R. Wolfe*

## 3. (b) Social Security Number

4. Sex *M* 5. Color of race *W* 6. (a) Single, married, widowed, or divorced *Married*

6. (b) Name of husband or wife *Emma Stottlenyer*  
 6. (c) If alive, give age *82* years

7. Birth date of deceased (mo., day, yr.) *Jan 14 1863*

8. AGE: Years *85* Months *0* Days *21* If less than one day  
 hrs. min.

9. Birthplace *Farfield Ind*  
 (Town, county, and state)

10. Usual occupation *Retired Farmer*

## 11. Industry or business

12. Name *Hiram Wolfe*

13. Birthplace *Foxville Ind*

14. Maiden name *Mary Gordon*

15. Birthplace *Ind*

16. Informant *Mrs. Emma Wolfe*

Address *Lantz Ind*

17. Burial *Bethel Cemetery*

Date thereof *27/1948*  
 (month) (day) (year)

Cemetery or crematory *Near Cascade Ind*

Location *Walter 4 Grove*

18. Funeral director *Waynesboro, Pa*

Address *Waynesboro, Pa*

19. *Feb 9 48* *D. Wayne*

(Date rec'd by registrar) 19. 48 Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH *2-5-* 19. *48* at *9:15* a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *1-10* 19. *40* to *2-5* 19. *48*

and that I last saw him alive on *2-3-* 19. *48*

Immediate cause of death *Chronic Brights* DURATION *5 yrs.*

Due to *Disease*

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

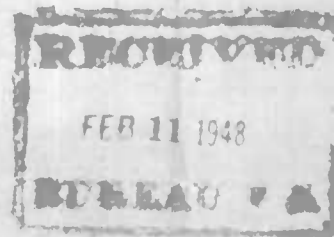
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Signature *H. C. Bricker* M. D. or other

*Blue Ridge Summit Pa* Date signed *2/6/48*



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

01698

## 1. PLACE OF DEATH:

County... Frederick  
 City or town... State Sanatorium, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Since 2/10/48  
 Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
 How long in hospital or institution? Since 2/10/48

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County...  
 City or town... Baltimore  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 612 Berry St.  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war... ☒

## 3. (a) FULL NAME

Edgar Worsdell

## 3. (b) Social Security Number

219-05-7555

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Separated  
 6. (b) Name of ~~DECEASED~~ wife Florence Worsdell  
 6. (c) If alive, give age ? years  
 7. Birth date of deceased (mo., day, yr.) November 12, 1896  
 8. AGE: Years 51 Months 3 Days 7 If less than one day hrs. min.

9. Birthplace Baltimore, Maryland  
 (Town, county, and state)  
 10. Usual occupation Laborer  
 11. Industry or business

12. Name Preston Worsdell  
 13. Birthplace ?  
 14. Maiden name Laura V. Crook  
 15. Birthplace Virginia

16. Informant Deceased  
 Address

17. Burial Date thereof Feb. 23, 1948  
 (Burial, cremation, or removal, Which?) (month) (day) (year)  
 Cemetery or crematory Woodlawn Cem.  
 Location Baltimore, Md.

18. Funeral director M. L. Creager & Son  
 Address Thurmont, Maryland

19. Feb. 20 1948  
 (Date rec'd by registrar) Registrar [Signature]

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 19 1948 at 4:55 P. M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 10 1948 to Feb. 19 1948  
 and that I last saw him alive on February 19 1948

Immediate cause of death  
Pulmonary Tuberculosis

DURATION  
4 Mos.

Due to...  
 Due to...  
 Other conditions Chronic Myocarditis 16 Mos.

(Include pregnancy within 3 months of death)

Major findings of operations... Date of op. ....

Autopsy results...  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide... Date of ...  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE R. W. Beem M. D. [Signature]  
 Address State Sanatorium, Md. Date signed 2/20/48

RECEIVED

FEB 23 1948

BUREAU V. S.